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THE  
“DESTRUCTIVE ART OF HEALING;”

A SEQUEL TO THE  
“FALLACIES OF THE FACULTY.”

BY  
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“REVELATIONS ON CHOLERA, ETC., ETC.”

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“New truths of a higher order, and of which the connexion is not seen with common and hackneyed doctrines, are scouted by all, and especially sneered at, denied, and abused by the base creatures who have just sense enough to see there is really something in them; who have just ambition enough to make them hate one who appears to know more than they do; and who have just cunning or skill enough to bias minds yet weaker than their own. To crown suitably such procedure, the doctrines at first denied are subsequently pilfered, with all the little art of which such minds are capable.”—

ALEXANDER WALKER *on the Nervous System.*

## THE “DESTRUCTIVE ART OF HEALING.”

READER—observe the title of the present work.—I have placed it in inverted commas to indicate that not mine was the hand which originally penned words at once so startling and so seemingly paradoxical. The sequel will show what manner of man he was, and what manner of death he died who first applied such deprecatory language to “legitimate Medicine.” Legitimate Medicine! The phrase has an unpleasant sound—it suggests the suspicion of something spurious. The medical small fry, nevertheless, somewhat ostentatiously hold it up in contradistinction to every innovation which—whether true or false—it may suit their prejudices, their interests, or their pride to oppose and decry. In the mouths of medical men the former is orthodoxy—the latter heterodoxy—but both “doxies” have very often a marvellous power of transmutation. That which is heterodoxy to-day may thus become orthodoxy to-morrow, and *vice versa*. Nay, even at the present time, in different colleges of the same country, it would be difficult to say which is which. This perhaps may explain why Medicine has been so long a myth to the vulgar.

But so far as regards the science of Medicine itself, there are many reasons which prevent it from progressing. Not the least of these is the present crowded state of the Faculty, who, in order to conceal their ignorance from the public, must needs be constantly throwing up a vast deal of learned dust. All the professions are very much overstocked now—Law, Physic, and Divinity are equally overdone. Even so far back as 1710, we find ADDISON, in the *Spectator*, expressing himself very forcibly on the over-crowding of the so-called “liberal professions.” After handling, in a plea-

sant and witty manner, Divinity and Law, that elegant writer makes the following observations on the profession of Medicine:—

“If, in the third place, we look into the profession of Physic we shall find a most formidable body of men. The sight of them is enough to make a man serious; for we may lay it down as a maxim, that where a nation abounds in physicians it grows thin of people. This body of men in our own country may be described like the British army in Cæsar’s time. Some of them slay in chariots and some on foot. If the infantry do less execution than the charioteers, it is because they cannot so soon be carried into all quarters of the town, and despatch so much business in so short a time. Besides this body of regular troops there are stragglers who, without being duly listed and enrolled, do infinite mischief to those who are so unlucky as to fall into their hands. When I consider how each of these professions are crowded with multitudes that seek their livelihood in them, and how many men of merit there are in each of them who may be rather said to be of the *science* than of the *profession*, I very much wonder at the humour of parents who will not rather choose to place their sons in a way of life where an honest industry cannot but thrive, than in stations where the greatest of probity, learning, and good sense may miscarry.”

If such was the state of the learned professions in 1710, the reader may have some notion of the present terrible accumulation of that division of them which includes those who devote themselves to Physic. Their name is positively Legion—and in chariot and on foot they literally darken the earth in more ways than one. The poet Crabbe, who in the outset of life studied

Physic but abandoned it afterwards for the Church, thus alludes to his "old love" in his poem called *The Library*.

"But man, who knows no good unmixed and pure,  
Oft finds a poison where he sought a cure;  
For grave deceivers lodge their labours here,  
And cloud the science they pretend to clear.  
Scourges for sin the solemn tribe are sent,  
Like fire and storms they call us to repent;  
But storms subside, and fires forget to rage—  
These are the ETERNAL SCOURGES of the age!"

Now all this our modern doctors will say is the mere language of fancy and song—forgetting that Apollo was the god both of Music and of Medicine! And not a few of them will point very triumphantly to certain improvements which, if we believe themselves and their teachers, have in these days resulted from the study of what they complacently, but mistakingly, term "Pathology." We must therefore at the outset meet these self-sufficient gentlemen in another manner. What better proofs can there be of the present equivocal state of the science than the evidence of several very eminent men, who have not been afraid to speak the truth, though themselves more or less connected with the Medical profession!

Thus speaks M. MAGENDIE, of the French Institute:—"Let us no longer wonder at the lamentable *want of success* which marks our practice, when there is scarcely a sound physiological principle among us."

Thus writes M. LUGOL, an eminent physician in Paris:—"Our want of success in the ordinary means of diagnosing proves that these means are inadequate—that we follow a wrong course in our investigation."

Thus writes the Editor of the *Dublin Medical Journal*:—"Assuredly the uncertain and most unsatisfactory art that we call 'medical science' is no science at all, but a mere jumble of inconsistent opinions, of conclusions hastily and often incorrectly drawn, of acts misunderstood or perverted, of comparisons without analogy, of hypotheses without reason, and of

theories not only *useless*, but *dangerous*." Nor must I omit to state, that Dr. JAMES JOHNSON, the late well-known Editor of the *Medico-Chirurgical Review*, not long before he died, gave it as "his conscientious opinion, founded on long observation and reflection, that if there were not a single physician, surgeon, &c., in the world, there would be *less mortality* than now prevails."

How far a revolution in this respect is now in commencement the reader may see from certain facts which will be placed before him in these pages.

It is a fact—and no fact can be better attested—that, however greatly particular doctors might at one time differ or dispute about certain details of every-day treatment, the Faculty, till very recently, continued to be almost unanimous in their belief in the efficiency of many measures which the majority of themselves *now* admit to have been a mere complication of the most murderous errors. Time immemorial, in the *outset* of diseases, for example, it had been the established practice of medical men to reduce the vital force of the patient's system in every possible way—and more particularly to reduce it, by directly abstracting and otherwise robbing the body of the living *reparative material* of the entire organic economy. Having first, in almost every case, duly stopped *income*—the food and drink—and wasted *capital*—the blood and the elements of the blood—no man was considered a "competent physician" who did not further very carefully multiply by repeated purgation the normal *expenditure* of the Healthy Body!

Such at least was the "Antiphlogistic (or anti-inflammatory) Practice"—a practice by which the entire Faculty, up to a recent date, were in the daily habit of reducing their unfortunate patients to a common standard of helplessness and debility—whatever their previous strength or sta-



mina. Its object according to the schools, was to prevent or cure "INFLAMMATION," "pressure," "plethora," or "congestion,"—one or other of these imaginary states being supposed to be the primary element of all disease. The greater number of disorders, however, were ascribed to a "phlogistic" or inflammatory cause. But of all the desolating measures by which disease was combatted, the most eminent doctors held BLOOD-LETTING to be the best. "In all cases of inflammation," says a great living professor—Dr. Alison, of Edinburgh—"in all cases of inflammation, the only antiphlogistic remedy on which absolute reliance can be placed is *Blood-letting*; and there is no other remedy for *any other kind* of diseased action which can be put in competition with *this* in *efficacy* and *importance*."

In this high appreciation of blood-letting, as a universal remedy, Dr. Alison merely echoed the prevailing opinion of his Edinburgh brethren. But, at the period referred to, blood-letting, though the chief, was by no means the only "antiphlogistic" measure on which medical men, all through these kingdoms, placed reliance as a remedial means; for, even so late as 1836, Mühry, a German physician, who came to England expressly to see British practice, thus writes: "Mercury, purging, and blood-letting, are the three leading therapeutic means in England." "The English practitioners hold the human system to be so constituted that it can bear a *considerable loss* of blood." "Even in chronic inflammation bleeding is much depended on."—*Mühry's State of Medicine in France, England, and Germany in 1836*. Ten years later, thus writes Sir John Forbes in the *Lancet*: "One of the besetting sins of English practitioners *at present*, is the habitual employment of powerful medicines in a *multitude of cases* that do not require their use. *Mercury*, iodine,

colchicum, antimony, *drastic purgatives*, and *excessive blood-letting*, are frightfully misused in this manner."—*Lancet*, 1846.

What was—what could be—the result of these not "one" but many "besetting sins of English practitioners?" This—that the chief business of the "enlightened medical profession," till very lately, consisted in bringing the yet living bodies of their equally enlightened patients into the quickest preparatory state for *post mortem* examination. By which procedure, according to their own account, "English practitioners" contributed in a most marvellous manner to the advancement of "the *Healing Art*!"

To complete so very pleasant a picture of the British "Medical Science" of the 19th century, I know not that I can do better than place before my readers the following description of the practice of the great Dublin medical men, by one of themselves—Dr. Stokes, of the Meath Hospital: "There was hardly a morning at the Meath Hospital (the doctor tells us) that some twenty or thirty unfortunate creatures were not phlebotomised largely; the floor was running with blood. It was dangerous to cross the prescribing-hall for fear of slipping. Patients were seen wallowing in their own blood like leeches after a salt emetic; and these disgraceful scenes continued for many years." "Leeches were applied, and over and over again the patient died while the leeches were on his temples—died as surely as if shot through the head; and an eminent apothecary assured him that there was then hardly a week that he was not summoned to take off a large number of leeches from the *dead body*."—*Medical Times*, 1854.

And all this was done, forsooth, to cure or prevent "inflammation!" By whom? By the Physicians and Surgeons of the Meath Hospital—an institution, merely to hold office in which, at once raised the



doctor or surgeon to "eminence." The same was the case in the great hospitals of London—and the same was the everyday practice in the Royal Infirmary of Edinburgh—that city so long, but most undeservedly, famous for its medical school; proving, if anything can prove anything, that medical fame and medical name may be the merest possible bubbles. Throughout the length and breadth of the British dominions, the entire profession were "inflammation"-mad to a man! Assuredly the world owes something to the individual—be he who he may—whose rebel pen first startled his fellow-doctors from their murderous delusion. But neither to Sir John Forbes, nor to Dr. Stokes—no—nor to any of the three Royal Colleges of Physicians of the United Kingdom—neither yet to any member thereof, is that great "national debt," in the very least due! Sir John Forbes, more particularly, so far from favouring any reformatory movement in this respect, actually, in the outset, did his best to cry down and ridicule a writer whose revelations, anticipated, by full ten years, each and every of his own animadversions on the frightful fallacies which, according to himself, still kept their ground so late as 1846. The sequel will show, how and with what weapons, the medical Knight first assailed, and how, and in what manner, he afterwards accepted as true positions, at once the most conservative to humanity at large, and the most destructive and revolutionary to so-called medical science—positions which have ever since been secretly and silently changing both the theory and practice of the whole Healing Art.

But it was not with the sanguinary and salivating part of their practice only that the doctors all through the three Kingdoms continued for years and years to victimize their patients. In addition to the above-mentioned depressing measures, medical

men very generally adopted, and many of them still adopt, various forms of painful "counter-irritation," comprehending blisters, setons, and issues. Whatever the nature, or wherever the real or supposed "seat" of the patient's complaint—the head, the chest, the spine, the stomach, the joints—these cruel measures were, and some of them still are, the common applications—followed up in certain cases by horrible ointments of savine, tartarised antimony, and the like.

For upwards of twenty-three centuries to starve, and bleed, and purge, and torture, had been the all but exclusive business of the man of medicine. From the days of Hippocrates till within the last few years, this was the undoubted practice in almost all diseases. Mathematically considered, the whole thing might seem absurd; and when rigorously tested by *statistics*—by numerical comparisons—as has been since done in particular diseases—the absolute negation of all practice could not show such a fearful fatality of result! But during the many centuries in question there were no statistics; dead men then, at least, proverbially, told no tales; and as those who were fortunate enough to *escape* this terrible medical ordeal were invariably reminded by the doctor how thankful they ought to be for their *cure*, the majority of patients seldom expressed themselves ungrateful for anything that had been done for them in the course of their illness. In truth, what from the gloom of the sick-room, and what from the obscurity that enveloped the science, no question was ever asked by the public at large about medical matters. The possession of a diploma or degree from any school or university, recognized by authority, was the only requisite for practice. The *practice* itself, no matter how destructive, signified little so long as it was the "established practice."

Such, and so complete and implicit was the confidence with which the great mass of the public, till of late years regarded the medical profession, not one in ten thousand of the laity had the presumption to doubt or dispute the general excellence of an art which, so far from being, as their physicians themselves believed, the certain result of the accumulated science and the accumulated experience of ages, was in reality a mere chaos of contradiction—an unseemly and unsatisfactory abortion, springing from a mountain of thirty centuries of accumulated dust! Here and there, nevertheless—among thinking and reflecting men—philosophers, poets, and satirists—an opinion was gradually growing up unfavourable to the professors of medicine and their art, from Shakespeare, whose advice was to “throw physic to the dogs,” to Byron, who sarcastically termed it “*The Destructive Art of Healing*.” And such, in truth, in the end, this pretended art proved to the noble poet himself. The author of “Childe Harold,” Mr. Moore tells us, in his *Life of Byron*, made his mother a promise never to allow himself to be bled—and this promise he intended religiously to keep; but while suffering from an attack of fever in Greece, unable to resist the reiterated importunities of his doctors—one of whom tricked him into the belief that if he would not submit to the operation he would be sure to go mad—Lord Byron desperately threw out his arm, and with an oath, said, “Take as much blood as you like, and have done with it.” They seized the moment, and bled him. The result of this bleeding, by the operator’s own confession was, that the “fever became *stronger* than it had been *hitherto*, the *restlessness* and agitation increased, and the patient spoke several times in an *incoherent* manner.” To cure which “increase” of fever, so incontestibly pro-

duced by this bleeding, his doctors bled him again *twice* the following morning; and as a remedy for the delirious weakness of the *head*, resulting from their own barbarous treatment, the same pedantic butchers—Lord Byron himself called them “butchers” to their faces—actually applied blisters to the *feet* of their illustrious victim! And thus, in the prime of life, was this great English poet put to death, in the most legitimate manner, by men who had not the slightest doubt of the correctness of the “established practice.”

Not till the year 1836, when, as Mühry is careful to relate, the sanguinary practice, in England at least, still continued in the ascendant, would it seem to have occurred, even to physicians themselves, that there could be anything materially erroneous in their general method of treating disease. The year 1836, however, was destined to be the commencement of a most momentous epoch in the History of Medicine. In the autumn of that year, the present writer first startled the profession by the announcement of his work “*THE FALLACY OF PHYSIC, as taught in the Schools, with New and Important Principles of Practice*.” To all classes of medical men I made this public announcement in 1836:—

“You are wrong in everything you think—you are right in very little that you do; your general theory of disease is in perpetual conflict with truth—and your general practice is more destructive than the sword. Your treatment of the sick, with a few exceptions, is as utterly abhorrent to reason and common sense, as it is disgraceful to the civilization and the legislature of the country that tolerate it.”

And what was the reply of the doctors? This—that the man who could dare to maintain such positions at *that time of day*, must either be a madman or a charlatan! “Is it wrong,” they asked, “to bleed in Fever?”—“Read

the case of Lord Byron," was the response.—"Is it wrong to bleed in Erysipelas?"—"Read the death-scene of the late King of Denmark, who was bled for that disease."—"Well, but in Inflammation of the Brain, or Water in the Head, who but a quack would oppose bleeding in such cases?"—"Appeal to statistics, and you will never again bleed or leech in any Head-affection whatever."—"Not in a fit of Apoplexy or Paralysis?"—"No; loss of blood is one of the great causes of both diseases—while the majority of patients so treated give up the ghost."—"What would the charlatan prescribe in these cases?"—"The 'charlatan' would prescribe, attention to temperature, and Bark or Iron from the commencement."—"Possibly, the presumptuous gentleman would not bleed for Inflammation of the Chest?"—"Possibly not."—"Would he prescribe Iron, and Bark, and tonics *there* from the commencement?"—"That is his practice in every kind of Chest disease."—"How would he treat diseases of the Joints and Spine—if not by bleeding, leeches, mercury, blisters, and setons? would the fool prescribe Bark and Iron in these cases also?"—"That is just what 'the fool' would do."—"And fly in the face of such men as Copland, Marshall Hall, Watson, Lawrence, Brodie, and all our very first authorities?"—"Precisely—and laugh, moreover, at the prescriptions of one and all of them as worse than waste paper."—"The man *must* be stark-staring mad!" chuckled the whole medical fraternity of the land.—"Time will show," said "the man!" And time has already shown in the most unmistakable manner who had the rights of the case: "the quack," "the charlatan," "the fool," "the madman," —or, "Copland, Marshall Hall, Watson, Lawrence, Brodie, and all our very first authorities." Further—despite the many angry epithets hurled at his

heretical head—"the man," not only, in the very best spirit imaginable, showed his revilers how to remedy their own wrong practice, but, took care at the same time to give full credit to such of their number as did not themselves, in a few exceptional cases, act like lunatics escaped from Bedlam!

You do right, I told them, when, instead of bleeding your patient in the cold stage of the *Ague*, you give the shivering creature comforting cordials; you do right when you prescribe an emetic or apply cold ablution to reduce the temperature of his body in the *hot* stage of the same FEVER-FIT; and you act very reasonably, one and all of you, who instead of worrying him with purging physic, do what you can to soothe him and shorten his perspirations during the *sweating* stage. But, better than all this, better than any merely palliative measure, however good, during any stage of the Fever-fit, is your practice during the INTERMISSION—your *preventive* practice of giving Bark or Iron to guard the patient against the periodic return of his febrile paroxysm. In all this unexceptionable treatment, which it is to be regretted so few of you pursue, you attend to TEMPERATURE—you attend to TIME—and you thereby regulate the whole corporeal movement; in other words, you restore the normal and natural functions all throughout the system. For, during each of the three stages of the Fever-fit, the patient's body exhibits wrong *temperature*, and in all its movements, major and minor, it keeps wrong *time*, which errors necessarily involve wrong function and wrong feeling. All through the paroxysm, each and every of the phenomena of Health are, more or less, either in *excess* or *diminution*. And herein lies the solution of the Gordian knot, not only of this particular fever, but the solution of the Gordian knot

of all fevers, and every other form of disorder, of which this Ague—this Intermittent Fever—is, in reality, the model or type. Had your theory of Ague been as correct as the practice of some of your number in Ague, you never could have so outraged common sense in your treatment of disease generally, as to have made your art the horror, if not the laughing-stock, of all who will examine and think for themselves. But your theory of this type or model of all disorders being completely wrong, so also must be your theory of every other human complaint; and equally erroneous must be your theory of the action of your remedies, even when you employ them to the advantage of the patient—which unfortunately for him, is the exception, not the rule.

What is your theory of Intermittent Fever? This—that the Ague is owing to some “inflammation” or “congestion,” or some other error of the “circulation” of some internal organ of the body; one class of you placing the seat of such imaginary vascular error in the head or stomach—another in the spine—a third in the liver or spleen. And what according to you is the cause of this theoretical error of the circulation? “Malaria or marsh-miasma”—without which you gravely tell us there can be no such thing as a periodic or intermittently fitful disease. You are mistaken—completely mistaken one and all of you in this view of Ague—and you are equally mistaken when you argue of any other disease in a similar manner. The periodic intermittency of all disease, however produced, is a law of the human body; and your malaria is a fable! A blow, a burn, a fall, a wound, a poison, a passion, daily and hourly set up the most perfectly periodic Fevers and Agues that ever came or can come before either the physician or the surgeon. In districts where the disease

is very prevalent, Ague is caused by the vapour of fogs or stagnant water—favoured at times by excessive cold or excessive heat. The *humidity* of our own atmosphere is the principal cause of much sickness. Another great cause of sickness in this country is the prevalence of easterly winds. I say nothing here of defective or adulterated food, accidents, distress of mind, and other mental impressions, through each of which also almost every kind of disease can be set up in the body. But wherever or by whatever set up, the Intermittent Fever you call Ague is not in the first instance a disease of the “circulation” at all, nor do the medicines that cure it act primarily on the “circulating system.” The corporeal source of Ague, like the corporeal source of every constitutional affection, is the electric Brain and Nerves. Accordingly, whether you comfort your patient with a cordial in the cold stage of this Fever, or reduce the temperature of his body in the hot stage with zinc or ipecacuan, your first move is not on the circulation, but on the source of the hurt—the sensorial BRAIN! Before you can touch the circulation in any organ of the body—before with any medicine you can influence the circulation in the brain itself even, so far at least as the *quantity* or quality of its blood is concerned, you must touch the sensific part of the brain;—you must touch the perceptive *substance* of the brain itself, that vito-electric *sensitive* mass, without touching which you could no more touch the life-springs of the human body than you could medicate a corpse! It is on the Brain your warm drink, your brandy, your wine, or whatever else you cause your patient to swallow, must act, before it can by any possibility call back warmth, or raise the circulation in the body in the cold stage of Fever; and it is on the same brain that your zinc and ipecacuan must also act, before either the one or the

other can relieve the excessive heat from which he suffers, or subdue the violent action of the heart during the *hot* stage; the vomiting, produced by your medicine, being as certainly the result of its primary action on the substance of the brain, as sea-sickness is the effect of a similar cerebral action, during the rolling of a ship on the water! Whether in the hot or in the cold stage of the Ague, your remedy, be it what it may, must alter the atomic relations of the substance of the brain itself, before, by the remotest possibility, it can influence the circulation of the head, stomach, or any other organ whatever. It must in truth touch the cerebro-nervous or *pathetic* system—the only system on which the acting CAUSE of any kind of hurt can first fall—even when produced by *loss* of blood—the only system upon which any physical or mental agency can first tell on any part of the human body as a healing and reparative force.

But how, and in what manner does Iron or Bark prolong the intermission of Ague to a cure? “Because it is a tonic,” *you* reply.—A tonic! Is not every substance a tonic which acts as a remedy at all?—Every physical force is a tonic when it contributes to the health of the patient; in other words, when it contributes to correct the errors of tone or time, and the errors of temperature, that *alone* constitute all human disease. But what are bark and iron when they do the very reverse? What are they when, as very frequently happens, even in Ague, they not only clearly *disagree with the constitution* of the patient, but actually increase the errors in tone, or time, and errors in temperature they are given to rectify? Are these medicines tonics *then*? None of your schools have yet answered that question.—This is the explanation.—Like every other medicinal force you employ in your art, Iron and Bark are ELECTRICAL FORCES. Like all

forces that act electrically, these substances have each a *duplex* action—an action of attraction, and an action of repulsion in different bodies; and thus it is they cause the sensitive atoms of the vito-electric brain of one patient to move in one direction, and the same atoms of the same brain in another patient to move in the opposite direction. What other explanation can there be of the agreement or disagreement of any remedy in any disease whatever, whether used in the paroxysm or remission? What else can explain why opium soothes one brain to sleep and keeps another brain wakeful? Your books and lectures teach nothing of this!

But of all your doctrinal errors, whether of disease, remedy, or cause, what can compare to the terrible errors of your general practice—your starving, purging, bleeding, leeching, cupping, and salivating your patients with mercury, whether for prevention or cure! In all this you commit a series of frightful mistakes from beginning to end; and very terribly also do you err when you torture and torment a sick man for any disease with blisters, setons, issues, and other painful modes of what you call “counter-irritation.”

Every kind of sickness or suffering, however produced, must in the first instance, I contend, have its “seat” in the Brain and nerves. Before the body can be hurt in any manner, the cause of hurt must be *perceived* by the body. The *sensific* portion of the cerebro-nervous system is the only corporeal tissue that by any possibility can *painfully* perceive the cause of any corporeal wrong, come from what quarter it may—for this is the only *pathetic* system of the body. In the “*pathos*” of this system then, behold at once the source, the spring, and the living well of all Pathology! Here, if in any one part of the corporeal frame, every kind of sensibility and suffering must of necessity commence. Without this

system there could neither be a beginning, a cessation, nor a periodic return of any human disorder. Disease and health alike would in that case be physical impossibilities. Whatever errors take place in the circulation, or in any other system of the body during any disease, must in the very nature of things be subsequent and secondary to the cerebral perception of the cause of hurt. And without *memory*, which, like *perception*, has its seat in the Cerebrum or Brain, there could be no periodic repetition of any paroxysm that had once ceased, unless brought on again by a renewal of the original or some other cause of hurt. The periodical return of any disease in any part of the body is the result of a periodical *remembrance* of the wrong first inflicted on the great Pathetic System, which, be it observed, embraces not only the sensific portion of the Brain and Spinal Chord, but every sensific nerve and fibril of a sensific nerve that come from, or go to, that complex and composite organ. And so firmly fixed may this cerebral disposition to remember the first cause of hurt become, persons who have had amputation performed for a neuralgic affection of the leg or arm, for example—a piece of butchery not even now entirely exploded—have continued to suffer periodically from paroxysms of tic for years and years after the operation. And these paroxysms, but for the evidence of their eyes, the patients themselves,—while still calling out “oh my leg,” “oh my arm,” as the case happened to be—could not help ascribing to limbs which, though actually cut off, they yet in imagination continued to move!—proof sufficient, were there no other, that the source of paroxysmal return, like the source of all our other sensations and emotions, is in the pathetic portion of the cerebrum itself. The hair and termination of the nails being beyond this pathetic system, may,

as everybody knows, be divided and separated from the body with impunity; but wherever there is any real corporeal disorder—be the symptoms local or general, slight or severe, short or long—such disorder, in the teeth of all the doctors in Europe, I maintain, must begin either with a morbid sensibility or a feeling of exhaustion—in other words, with a *debility*—of the sentient portion of the great cerebro-nervous mass.

One and all of the symptoms, then, *you* term “violent symptoms” are in reality the result of a weakness of the cerebro-nervous CONTROLLING FORCE. The falling house undoubtedly comes down with more or less violence—but what does that violent action prove? Simply, that the house before falling was weak in one or more of the forces which, when sound, controlled the various parts, and kept them together. The same is the case when “the house you live in,” your body, is overtaken by disease. The most violent convulsions which can befall the human frame have been produced in the healthiest person by loss of blood. I have known the most violent epilepsy follow a bleeding from the arm, and I have seen the same disease produced by a purge. The gout, moreover, has been produced, both by loss of blood and by purgation. To one or other of the same exhaustive measures I have over and over again traced delirium, asthma, dropsy, dysentery, palsy, apoplexy, FEVER! In the prison called the Penitentiary, one and all of these diseases were caused by your own favourite remedy for all these diseases—Starvation. Indeed if I except the purely contagious and the purely mechanical affections, I know not a human disorder which all three have not of themselves singly most indubitably produced.

Contrary, therefore, to all the “greatest authorities,” whether of ancient or modern times, the Blood—I maintained in ~~my~~

publication of 1836—the Blood, in the impressive language of Scripture, being “the life of the flesh”—the life of the *sick* as well as the life of the sound—instead of depleting and lowering the system when suffering from the fitful fever of disease,—during which there is a constant expenditure even when income is entirely stopped—the preservation of this most precious of the fluids, by every possible means, ought in every case to be a primary object both with surgeons and physicians. Further—contrary to the received opinion and practice of centuries—I held and hold, that as the subject of every known disease suffers from chills and heats, general or partial, and like the subject of the fitful Ague, has intermissions between the paroxysms of his complaint—more or less periodical and regular—each and every known disease ought from the very onset to be combatted like the same ague-fit by *febrifuge* or fever-medicines; in other words, one and all of them ought to be combatted by the very opposite of blood-letting—Bark, Iron, Wine, and such other constitutional remedies as have for their common object the restoration or preservation of the normal corporeal *Temperature* and *Time*. Undeterred by the obloquy these conservative views met on their first publication, I developed them more fully a year or two afterwards, in my work, “*The Unity of Disease*,” and in 1839, at still greater length, in what turned out to be a popular volume, “*The Fallacies of the Faculty, with the Chrono-Thermal System of Medicine*.” Upon the laity, at least, this last publication fell like a thunder-bolt; edition after edition was called for; translations and foreign reprints appeared in quick succession, and men at length began to wonder how they possibly could have so long trusted the lives of themselves and their loved ones to the tender mercies of a profession composed,

for the most part, of school-bound formulaists and unmitigated pedants!

Beginning now, for the first time, to be distrusted by the public, numbers of medical men, in various parts of England, came at length seriously to distrust both themselves and their art. Statistics which I had over and over again urged them to undertake, were at last appealed to by certain members of their body, and, to the astonishment of the most eminent practitioners—even in Apoplexy and Inflammation of the Chest, blood-letting—as I had repeatedly predicted—was found to increase, by three to one, the fatality observable in both diseases where the operation was *not* practised! Hence many great and most desirable changes in the treatment of the sick—changes all more or less in accordance with the conservative views, which on their first publication by myself were considered to be so “heterodox” and “so insulting to the intelligence of the entire profession.” In place of bleeding, leeching, and otherwise lowering the vital force of their patients, certain physicians now began—even in the outset—to give Bark, Iron, and Wine, in diseases where they themselves, only a year or two before, would have expected nothing short of death—from “inflammation”—to be the result of such a plan. At a still later period some of the more eminent Surgeons also, fearful, doubtless, of losing the confidence of the public, thought it right to turn over a new leaf, both as regards practice and opinion. How one of the most distinguished of these “eminent tragedians” has trimmed, the reader will see in the sequel.

Of the many living *Medical* professors who had, previously to this time, published practical works on disease and its treatment, several of very high reputation have openly acknowledged their errors. Some, on the contrary, without any such



acknowledgment, have more or less recently, on one pretence or another, actually written in condemnation of all they themselves had once advocated in former editions of their works. Not the least conspicuous of these is Dr. Alison, of Edinburgh—the same Dr. Alison, be it observed, who, only a few years back, held blood-letting to be a universal remedy. Strange as it may appear, the Edinburgh professor does not now bleed even in “inflammation of the chest!” Nor is he alone in this wonderful change; many London professors of equal celebrity, having adopted my own practice in this and other respects. More particularly I may instance Dr. Todd, Professor of Medicine in King’s College, who, a year or two back, thus wrote on this very subject of inflammation of the chest:—“The plan of treatment which has been recommended by some of our *highest authorities* I need not tell you is that of bleeding and tartar emetic. You bleed early from the arm, and if *necessary*, [curious expression this—when the writer is about to condemn *all* bleeding here!] you bleed a *second* and a *third* time; and if under this treatment, resolution (cure) does not speedily take place, you bleed locally by *leeches* or *cupping*, and likewise give tartar emetic more or less freely; to all which, counter-irritation (by *blisters*) may be superadded in the more advanced stages. I have had ample experience of this treatment, and I must confess that experience has so little satisfied me with it, that I have for some years *ceased to adopt it*; for under this treatment I have seen *too many die*; and when recovery has taken place, in too many instances it has been with a *lengthened convalescence*.” Considering how strenuously Dr. Todd himself, not many years ago, with all the force of his own “high authority,” advocated the practice he now reprobates, I cannot see

what injury could accrue to his fame had the learned professor honestly and candidly named the author whose more conservative treatment of pneumonia, by bark (“quinine”) and other febrifuges, he, in common with so many others, now so very particularly imitates! Equally silent on this point, however, have been certain other eminent London physicians—Dr. Marshall Hall, for example, Dr. Watson, and Dr. Copland,—who have all very recently, more or less, come round to the opinions and practice I myself was the first to propound, and for which, in the first instance, I experienced, and still experience at *their* hands so much bitterness and hostility!

Even among the *Surgical* writers examples may be found of a similar want of candour when performing the process of self-stultification. Witness Sir Benjamin Brodie, in the field where he has himself so long reigned as the first of authorities—the “Diseases of the Joints and Spine.” Not till, in his own opinion at least, Sir B. Brodie had very satisfactorily tested his treatment by the experience of a certain number of years of hospital and private practice, did he feel justified in publishing his views on these complaints. Mr. Brodie, for he was not yet a baronet—came out as an authority on spinal and joint complaints for the first time in the *Medico-Chirurgical Transactions* of the year 1813. Then, for the guidance of students and young surgeons, he recommended bleeding, leeches, cupping, calomel, blisters, setons, and caustic issues, as the best treatment of both disorders. And so satisfied was he with the “advantageous” results of that treatment, even so late as 1834—after, in fact, TWENTY-ONE YEARS FURTHER EXPERIENCE of hospital and private practice—he still held that nothing better could be done. Certain, at least, it is, in an edition of his “Treatise on Diseases

of the Joints and Spine," published that year, Sir Benjamin Brodie did not think it necessary to make any alteration in his treatment of them, by leeches, calomel, and cupping—using these exhaustive and repulsive measures *then* even in cases of "chronic inflammation"—in other words, in cases where the patient had been worn out, bodily and mentally, by long previous sickness! And in so far as blisters, setons, and caustic issues are concerned, this eminent surgeon still continued to express himself perfectly pleased with the "singular benefit"—I quote his own words—"usually" resulting from these "advantageous" remedies. So late, indeed, as 1834, Sir B. Brodie evidently had no idea of the value of Quinine or Iron in the cure of the most distinctly marked periodic disease. Take the following case, which he printed in his edition of that year, as an illustration of the practice he *then* recommended.

"A young gentleman about 13 years of age, in July, 1817, was seized with inflammation of the synovial membrane of one knee [inner surface of the joint], attended with the usual symptoms. *Blood was taken* from the knee by means of *leeches and cupping*; cold lotions were applied, and the violence of the inflammation subsided. In the beginning of october, a *blisters* was applied; and, at the end of october, the knee was in the following state. It was larger than the other, the swelling having the form of the articulating extremities of the bones, and appearing to arise from a thickened state of the synovial membrane. The joint admitted only of a limited degree of motion; and the motion of it, beyond a certain point, was productive of pain. He was now directed to apply friction with a stimulating liniment. The complaint continued very nearly in the same condition till the middle of november, when the swelling became suddenly reduced,

and almost wholly disappeared; but, on the *same day*, he complained of an acute pain [tic ?] of his *head*, shooting from the temples to the forehead, just above the eyebrow. The pain went off in a few hours, leaving only a slight soreness; and for several days it returned *periodically*, in the form of a *nocturnal paroxysm* of great severity, but only of a few minutes' duration."

And now for the practice here. How did Sir B. Brodie treat this young gentleman? The merest tyro in the profession, at the present hour, could hardly fail to try bark, or iron, in such a case—a case in which the *periodic* headache only lasted a "*few minutes*." Behold what, in the simplicity of his soul, Sir B. Brodie tells us he did on this occasion:—

"*Leeches* and *blisters* were applied both to the head and *legs* [!!!], and *purgatives* were administered."

With what result to the patient? Sir B. Brodie *loquitur*:—

"At the end of a week the pain ceased, but he was seized with great somnolency, which was soon followed by strabismus [squint], partial blindness, and almost total cessation of speech; and after remaining in this state about a week, he *DIED*!"

He died!—Of the periodic headache that only lasted a "few minutes" each night? No—he died, poor boy! of the destructive measures pursued by his surgeon. Yet, in 1834, when Sir B. Brodie printed this case, he was esteemed the first surgical authority of the metropolis—Sir Astley Cooper being then about to retire from practice.

In the dark the merest pigmy may be taken for a giant—in the dark a giant may not even be seen—in the dark manslaughter may pass for medicine—and in the dark the archest medical rogue, whether belonging to the lower or higher regions of Physic, may very successfully stigmatize the greatest living physician as

a "quack." Coming immediately out of the dark it is not very easy to distinguish the true from the false. "The light shineth in darkness, and the darkness comprehended it not." Sir Benjamin Brodie did not at first comprehend the *Unity of Disease*. A copy of that work which I sent him in 1839, could not at first convince him that one and all of his own boasted measures, whether for Spinal or Joint disease, were a blunder and a barbarism throughout. Ten or twelve years later the chirurgical baronet had discovered his error. In 1850—reader, mark the date—Sir Benjamin Brodie brought out a new work which he was pleased to call the "sixth edition" of his "Diseases of the Joints and Spine, with *Additions and Alterations*." Many and great are the alterations here, but graver and greater are the *omissions*. The case of the unfortunate boy whose head and *legs* he leeches and blistered, and whose body he purged, for a periodic headache of "a few minutes' duration" has no place here. All is strangely mutilated and altered;—yet Sir B. Brodie makes his best bow, and with the sweetest simper on his face, tells his readers how happy he is that all his "subsequent experience has tended to *confirm the general accuracy* of those pathological views which he was led to adopt" in his first publications! Such is actually the statement he makes in his preface to this new *edition*—if new edition the work can be called—wherein he absolutely abandons every one of the more prominent measures and opinions on which he had, for upwards of *thirty* years, very particularly plumed himself! The "additions" with which, in his title page, Sir B. Brodie couples his "alterations"—he omits to tell his readers—are neither more nor less than so many simple "subtractions" from the pages of a writer he and his friends had for years affected to despise, as "the madman who wrote

'*The Fallacies of the Faculty!*'"—Read and judge!

What does Sir Benjamin Brodie do and recommend for the diseases of the Joints and Spine in his "edition" of 1850? In every and each of the *five* former editions of his treatise he speaks of these complaints as mere *local* inflammatory complaints to be best treated by bleeding, leeching, cupping, purgatives, mercurials, and all kinds of cruel counter-irritation. Those errors of his "early life" he now for the first time corrects. Each and every of these diseases, he now assures us, are the unquestionable results of some previous constitutional disturbance. "A more enlarged experience," he confesses, has satisfied him that, in common with the great majority of so-called "local disorders," the diseases of the Joints and Spine grow out of "some *antecedent* morbid condition, either of the *circulating* or nervous system!"

Singular blindness of mankind! Sir B. Brodie, even in 1850, has not settled in his own mind which of these two systems—the sanguinious or the *pathetic* system—is the real seat and source of the "*patho*-logy" of any one of the numerous family of diseases, whose treatment he has so long and so complacently undertaken!—But, however ambiguously expressed, Sir B. Brodie's present position nevertheless is new—for it is a position the direct reverse of almost everything its author had taught in all his previously published works as his theory of Spinal or Joint disease.—Equally new is the treatment which, in contradiction to the greater part of his practice, as taught by himself from 1813 to 1850—thirty-seven years—he now for the first time tells us is the result of his more "enlarged experience." But in proof of the absolute necessity of turning his back on a practice which, though the practice of the greater portion of his life, he is evidently by this time very heartily

ashamed of—otherwise why should he now speak of it as the “practice of the *last* generation in joint diseases?”—the surgical Baronet adduces a very remarkable discovery of his own—and on this discovery he dwells with an unction quite pardonable in one who, for so great a period, and so deservingly, has enjoyed the confidence both of the profession and the public. Sir B. Brodie has discovered a series of phenomena “not unfrequently” witnessed in such cases—namely, certain *periodical* changes, certain “alternations of TEMPERATURE,” which affect the diseased joints “as regularly as an *Ague*.” Therefore all but totally discarding the bleeding, cupping, purging, and other lowering measures on which he had in the most confident manner relied for upwards of thirty years, Sir B. Brodie now treats every kind of joint and spine disease by bark (quinine), iron, and other febrifuge medicines—particularly recommending, also, attention to temperature; while the setons and caustic issues which, even in his edition of 1834, he tells us he had in most cases found to be very “ADVANTAGEOUS,” and “USUALLY of SINGULAR BENEFIT,” he now stigmatizes as the “PAINFUL and LOATHSOME treatment,”—a treatment, “not only *not* useful, but actually *injurious*,”—with which he had been silly enough to “TORMENT” his patients, like other young men, during the juvenility of his “early life.” Your early life, Sir Benjamin!

“Angels and ministers of grace, defend us;

Be thou a spirit of health, or goblin damned!”

In 1834, when, by your own showing, you, Sir, still continued thus to “torment” almost every poor creature who consulted you, whether for Spinal or Joint disease—you were already in your own and the world’s opinion a great surgeon,—you had been in practice nearly *thirty* years. In 1834 you had actually taken the last look of the sunny side of *fifty*—you were

upwards of half a century old! That year, too, for your supposed skill in Spinal and Joint complaints, you were created a Baronet! What a mistake! as we now learn from these “alterations and additions”—every one of which you now most conscientiously apprise us has been simply the result of your own “more enlarged experience:”—carefully remembering, doubtless, Lord Bacon’s advice, “Always when thou changest thine opinion or course, profess it plainly, and declare it openly, *together with the reasons that move thee to change*, and do not *steal* it.”

A book called the “*Unity of Disease*” lay for years on Sir Benjamin Brodie’s table, but he had read it not—he had other avocations than to read “such stuff;” its contents he could only know from hearsay. That is why he had so long laughed at doctrines which he now looks upon as essentially his own. That is why he amputated limbs and limbs which he now admits might have been saved by the more conservative medical treatment suggested to him by his *own* “more enlarged experience!” And yet, during the greater part of the time Sir B. Brodie was pursuing his destructive system—if we believe his autobiography in the *Lancet*—he was actually making upwards of £10,000 a year! Oh, most discriminating British Public!

I have elsewhere pointed out certain errors—grave errors—in Sir Benjamin Brodie’s *present* practice. Considering the late age at which the eminent Baronet began to adopt his “alterations and additions,” it would have been too much to expect that his novel practice could admit of the perfection it might have reached had he really commenced it in his “early life.” In that case he could scarcely have advised us as he does, in his “edition” of 1850, to confine certain patients to the horizontal posture for the

long space of "two or three years," and keep them all that time on one remedy—Iron, with occasional aperients! Imprisonment to the couch and a course of iron for *two or three years!* These errors, at least, we may safely expect Sir B. Brodie to rectify with a little more of his own "more enlarged experience."

Having allowed "Her Majesty's Serjeant Surgeon" to account for his change of practice and opinion in his own way, I must now spare a little room for the recantations of certain equally eminent *Physicians*. Very different have been the reasons given by Professor Alison, of Edinburgh, for *his* adoption of a new course. With Dr. Copland, Dr. Watson, and other English physicians of mark, Professor Alison ascribes *his* change of practice to "a change in the **TYPE** of disease." According to these gentlemen, Human Nature has completely altered within the memory of the present generation; nay, within the last ten or twelve summers it is not what it was;—why or wherefore, no two of these great doctors can agree. By one very distinguished physician we are called to believe that the "malaria from the wood pavement has caused all diseases to assume an *intermittent* type." Another will have it that the gradual substitution of "tea and potatoes" for ale and animal food in the diet of the people has very sensibly "mitigated the ferocity" of all complaints. If we believe a writer in *Chambers' Edinburgh Journal*, tea and potatoes have actually brought about the medical regeneration of the human race. And what is equally curious, a similar change would appear to have taken place in the constitution of many of our domestic animals. Certain gentlemen, with the eminent Dr. Alison at their head, assure us that the diseases of horses, asses, and horned cattle, have all, within the present generation, been

completely altered too. By "tea and potatoes?" No; but "somehow or other." Many doctors, nevertheless, declare with Dr. Watson, that the human constitution has been marvellously changed since the cholera came to England in 1832. According to these last, the cholera has not only altered the constitutions of those it attacked, but it has, "somehow or other," completely changed the constitutions of those it never attacked at all! But whatever be the true theory of the cause of this "change of type," nothing is more certain than that the people of these degenerate times "cannot bear depletion as they formerly did" in any complaint whatever. They cannot bear depletion in Erysipelas, Small-pox, Chicken-pox, or Measles—diseases which, till within the last few years, were all indisputably and indubitably "very inflammatory disorders." Hence the inference—Providence, rather than falsify the Chrono-Thermal doctrine—whether of Disorder or Cure—benevolent Providence has, "somehow or other," made such a change in the constitution of man and animals as to render the diseases of both amenable only to—Chrono-Thermal treatment! Even Epilepsy, Apoplexy, and Palsy—according to Dr. Marshall Hall, Dr. Todd, Dr. Radcliffe, and some other very original gentlemen—must no longer be treated "antiphlogistically." Being now-a-days all like the Ague the results of depressing causes, and all, like it, more or less periodic and paroxysmal—neither of which they ever were before!—these disorders can only, now-a-days, like the Ague, be cured by "quinine," "iron," and other febrifuge remedies—remedies that act as tonics, or strengtheners on the entire constitution through the medium of the brain and nerves. So changed, in a word, has become the type of all diseases, the most sanguinary surgeons—Mr. Guthrie, perhaps, excepted—can by no possibility adopt the

owering measures they practised within the last dozen years in cases of accident—broken heads and broken bones, for example—not in these islands only, but all throughout the civilized world!

People of England, is this the truth? Is this the honest belief of a profession in whom you have so long confided as examples of probity and honour? Or, is this assumption of a change in the type of disease a mere shallow artifice on the part of solemn impostors, who, when compelled to turn and trim, do their best to rob the discoverer of his reward, and filch from him the profits of a conservative practice they themselves have for years vilified and denied? Can the TYPE of disease change? Is such a change probable, or even possible? Every known fact in creation answers, *Forms* change; *Types* are immutable! "•

Let us consider the functions of the healthy human body, as they are, were, and, till this globe shall come to an end, must, in the very nature of things continue to be!

In the first place, then, a healthy man must be a *regular* man; you will find him keeping time almost like the clock in every act of his life. Such a man scarcely requires a watch to tell him when to rise or when to go to bed, when to work or when to play. Even in his interior economy every organ and atom preserve a regular rhythm in all their movements. The beat of his heart and the play of his lungs, on all but extraordinary occasions, keep, like the pendulum, the most perfect time in their alternative movements of approach and divergence; his corporeal income and expenditure also very periodically balance each other. From the cradle to the grave, the life—the whole life of man—is little

\* Can the *type* Horse, which everybody at once recognises in its several forms of dray, racer, hunter, hack, and pony, by any possibility change to the *type* ass, quagga, or zebra?

more than a mere series of compensating periodic repetitive acts—acts alternately attractive and repulsive—or as they may also be expressed, concentric and eccentric acts;—his entire living existence through all its different phases of childhood, boyhood, adolescence, maturity, and age, being summed up in a never ceasing state of alternate *systole* and *diastole*. Thus, a healthy man may be said to be a walking chronometer; while, in so far as heat and cold are concerned, he is also his own thermometer. The sick man, on the contrary, whether in winter or in summer, suffers from periodical alternations of temperature, in whole or in part. The healthy man does not even know what is meant by the "chills and heats" of which invalids complain; though he cannot help being made aware that most of them, as in the Ague, have their "good and their bad day." *Chronometrically* and *Thermo-metrically*, then, the healthy man is all right. In him we behold an epitome or embodiment of every great system in nature. The entire system of his frame, like the entire frame-work of creation, is a veritable CHRONO-THERMAL SYSTEM! In this, at least, there is no mistake; there can be no quackery here; for the man who, in all the acts and movements of life, comes up to *Time* (Chronos) and who, during every season of the year, preserves throughout his body a sense of equable *Temperature* (Therma), requires no doctor to regulate what already is regular in all its actions. Attention to TIME and attention to TEMPERATURE must, therefore, be the object and aim of all rational medicine when a human being becomes sick, call his disorder by what name you please.

Is such a CHRONO-THERMAL SYSTEM OF MEDICINE to be learnt by the anatomist in the dissecting-room? or by the mere chemist in his laboratory? If

—as is indisputable—the cause of cure, like the cause of hurt, can only act on the living Brain and Nerves, what has either medication or reparation to do with corpses or crucibles? Look at the forest tree—it grows in beauty, and puts forth its leaves and blossoms—it dies of old age or of disease, or it is cut down by the forester. The carpenter dissects its dead body—the housewife reduces it to ashes on the hearth. To which of these three persons would you entrust the management of the health of the living plant? Who is the true natural philosopher here—the carpenter who cuts and hacks the dead tree to pieces with axe and saw—the old woman who reduces its rotting limbs, by her winter fire, to an inorganic mass—or the forester who spends his days in watching the smiling green and the goodly growth of the waving woods? Anatomy is a mere handmaid to medicine; and a man may become both a first-rate anatomist and an equally expert chemist, and yet possess no knowledge whatever of the medicinal properties of any one drug used in the practice of the so-called Healing Art. The native doctors of India and China, who never open a dead body, and who know nothing whatever of chemistry, at this very hour practise medicine with a success that might greatly astonish some of the most accomplished anatomical and chemical professors of Europe. For this success the Oriental physicians—who by the way never withdraw the living sap!—are mainly indebted to the great attention they pay to the temperature of the body, and to the manner in which they soothe the *feelings* of the people who trust to their skill. In this country, on the contrary, the doctor first tortures his patients by way of cure while living; and having, by his painful and exhaustive measures, killed them as surely as if he had put a pistol to their heads, he next, with very

becoming gravity, dissects and hairsplits the various organs of their dead bodies. Which post-mortem operation, the man of science, in the innocence of his soul, terms *patho*-logy,—solemnly and sententially associating the word *pathos*—sensibility, feeling—with the dissection of bodies which by no possibility can feel at all! Out upon this spurious Pathology—and out upon the false Physiologists, who thus mislead themselves and their credulous fellow men!

Will it be believed, that within the past fifty-fifth year of this nineteenth century, the College of Physicians have actually published a ponderous *Report on the Epidemic Cholera*, in which the pathetic system is altogether excluded from what the wiseacres of this worn-out institution call the “Pathology of Cholera!” Every system of the body is there ransacked for light but the pathetic living cerebro-nervous system, where it can at once, and without difficulty, be obtained! That cholera, like every other disease of the body, is a disease of the Brain and nerves can be proved by a thousand facts; but there is one piece of evidence here so cogent that nothing can possibly resist it. It is this:—One and all of the essential symptoms of cholera may be produced in the dog by artificially withdrawing the cerebral influence from certain nerves of the animal's body by their section! If, on both sides of the neck of the living dog, you divide the pneumo-gastric nerves—those nerves, which, as their name denotes, convey the brain's influence to the organs of respiration and digestion—not only may you observe the vomiting and loss of voice which are both so remarkably conspicuous in cholera, but you will obtain also that peculiar *difficulty of breathing* which in this disease is the *real cause of the rapidly fatal event*! And not only will you obtain these three important symptoms—symptoms which the



doctors term "pathognomonic symptoms,"—but—mark this great and significant fact—the *crimson* blood of the whole arterial system of the animal's frame will actually take on the identical *blackness* which, in the cholera patient, on the first appearance of the disease in the West, so surprised the medical professors of every capital in Europe! Further, when death takes place here, which it must sooner or later do—animals thus treated seldom survive the third day,—you will be sure to find in the dead body the all but identical results of the *post mortem* examination of the cholera subject. The lungs, heart, and other great internal viscera, after death from this operation, are every one of them, as in that disease, gorged with black blood! And yet, such is the perversity and moral obliquity of the Schoolmen, this highly-interesting pathological discovery—simply, I believe, because it is my discovery—is completely ignored, in a Report, purporting to embrace the Pathology of this great and hitherto supposed inexplicable Epidemic! Do my readers wish to know who are the College Reporters here? Both are what are called "rising men" in their profession—DRS. BAILEY and GULL. The latter gentleman would hardly be true to his name did he not rejoice in his share of a Report on the Pathology of a disease wherein, as in "The play of Hamlet, with Hamlet left out"—the pathetic element is completely, if not purposely omitted!\*

Leaving mechanics of this stamp to pursue their profitless "researches" amid the silence and gloom of the dead-house, by a lanthorn whose light has gone out, my reader, if he pleases, may now cultivate the true pathology of his own body, where alone it can be learnt, in the study of the audible and visible movements of the entire pathetic man, while the lamp of

his life yet burns. With its last flickering light, Pathology, and the objects of Pathology, of necessity end—end precisely where the bigots of the schools suppose them to begin!

What in reality constitutes the feeling, acting, thinking, happy, or suffering man? Who or what constitutes the master of the house we live in? The arms are mere hewers of wood and drawers of water to the master of the corporeal mansion—whoever or whatever he be—the legs his locomotives simply; both but obey his behest. The master of the house may continue to sing or sigh, and love or hate, though deprived of both. But without the great human bellows—the Lungs—and without the Heart that furnishes the fuel to the Lungs—the fire that warms the kitchen, and gives life and electricity to every part of the edifice, would quickly go out. Respiration, in truth, is a kind of combustion; and, like combustion, it is attended with smoke—a very necessary part of which smoke is consumed by the house itself. But neither the smoking Lungs nor the pulsating Heart can be the master of the corporeal tenement. Vitally important to all within the house, each of these organs indubitably is; but neither the one nor the other possesses any power of direction or *control*, however admirably both *serve* in the household administration. The real office of that curiously-partitioned Heart—which is at once a double cistern and a double pump—is first by a system of tubes that have no pulsation—the *VEINS*—to furnish the lungs with their fuel of *purple*, blood; and secondly, by another system of tubes which do pulsate—the *ARTERIES*—after receiving back that blood from the lungs to circulate it in its now *crimson*, aerated and purified state throughout every part of the human building. The Stomach and Intestines, too, are very important

\* For a complete exposition of the Nature and Treatment of CHOLERA, see my "*Revelations on Cholera*," published by C. Gilpin, 5, Bishopsgate Street Without.

parts—and so is the Liver—for all three do the chief work of the kitchen and the cooking department; and each with some other subordinate organs contributes more or less to prepare and supply the matter of the *venous* blood to the right chamber of the heart—the left chamber of the same organ being, on the contrary, the true circulator of the living *arterial* reparative material throughout the frame. Moreover, with the assistance of the Kidneys and the Skin, a portion of the intestinal tube serves as a common sewer to the debris from all parts of the mansion, whose master we are inquiring for. But where is the master himself? In what nook or corner shall we find him who sings and sighs, and loves and hates—and who with the force of his own energetic will, directs every movement of the stalwart arms and locomotive legs? Where resides the ever-vigilant being who all but uninterruptedly blows the bellows without which the vital spark would speedily die out?—Where is he who both by night and by day keeps watch over the constant pumping and filling of the great double cistern, so that the periodic ebb and flow of the electric life-stream may not one minute flag? Where is the dwelling of the Chief of the Kitchen and the Commissioner of Sewers?—Where, in a word, is the mighty Head of the Establishment, who, uniting in himself every source of intelligence and ministerial power, surveys, commands, and controls so many subordinate officials? Is there such a director of the house we live in—yes or no? There is. You will find the great director of the house at the top of the house, very securely lodged in his own strong room—the *cranium*,—out of whose curiously constructed embrasures he sees, hears, and gives his directions to all beneath him. The master of the house is the seeing, hearing, feeling, thinking, acting BRAIN. In this composite and complex Organ is concentrated all intel-

ligence. To this Organ is all necessary information, from time to time, telegraphed by the nerves of the five senses, and by that system of nerves which show exhaustion when the master himself feels hunger or thirst. From this Organ proceeds the force that directs and controls all movement, mental, muscular, vito-mechanical, and vito-chemical. Injure or weaken one portion of this Brain, you injure sight, and may produce amaurosis. Hurt another, portion you cause deafness;—and so on with the other senses, when other parts of the Brain are injured. A blow on the forehead, or any other part that may excite suffering or passion there may produce madness. Similar injuries to certain other parts of the Brain, whether produced by a hurt, a poison, a passion, or loss of blood, bring on difficult respiration,—asthma,—and diseases of the heart, stomach, and liver,—palpitation, vomiting, acidity, flatulence, jaundice, and the like. And if in our experiments on animals we only slightly injure one especial portion of the Brain—a very small portion—namely, the floor of the fourth ventricle—those distant organs, the kidneys, actually secrete *sugar*! The rabbit, having the Brain thus injured, dies with Diabetes! Long before the French physiologist, M. Bernard, made this discovery, I said to physicians,—“Not in the stomach or kidneys will you find the source of diabetes, dropsy, indigestion, gout, &c.,—you will find the cause of all to be a weakness of the Brain;—every kind of right secretion depending not more on the perfection of the secreting organ itself, than on the perfection of the Brain’s controlling influence over it—and every kind of wrong secretion being the equally indubitable result of a diminution of such cerebral influence over the secreting organ involved. The Brain with its Spinal Chord and Nerves—they are one—constitutes the moving, feeling, thinking, intelligent, happy, and suffering master of the

great human temple. Every and all of the other organs are mere servants of this managing director, who controls and influences their every movement when they act rightly, but who, when they act wrongly, is either exhausted and asleep at his post, or has suffered an injury that for the time interferes with his directing energy. On this governing Brain, on this all-controlling cerebro-nervous system, then, must the physician act who would correct the errors or disorders of any one of the many servants of the human system, who, in a word, would cure the body of any kind of disorder—name it how you please.

Remember—never forget—that the source of all corporeal sensation, motion, and emotion, wrong or right, is the Brain. When the Brain sleeps or is chloroformed, the body can feel neither pleasure nor pain; the greater number of its functions being in abeyance then. The eye then cannot see, the ear then cannot hear. How is this? Because the eye is but an optical instrument, a mere *camera oscura*, to convey images to the unentranced, waking Brain. The ear too, like the eye, is an instrument of entrance simply, a mere vestibule to the same organ. It is the Brain that sees; it is the Brain that hears; and it is the Brain that tastes and smells; it is the Brain, not the Heart, that feels mental joy or anguish. The Brain, not the Breast, is the seat of the Passions! But the Hand—how shall we speak of the instrument of touch? What wrote the “Odyssey” and the “Iliad?” What painted the *chef d’œuvres* of Raphael? What sculptured the Apollo Belvidere and the Venus de Medicis? The Hand—the “obedient servant” Hand, under the glorious inspiration and guidance of the “great master,” Brain! And more than this, it is the Brain that talks and walks. If you stupify the Brain with opium or brandy, the tongue falters, and the legs totter. It is the Brain that breathes, and sighs, and smiles; it is

the Brain that regulates the features of the face, and the action of the heart and lungs. Who does not know the effect of fear or rage—cerebral passions both—on the play of the features, and on the movements of the Chest and its contents—to say nothing of the influence of the same passions on the stomach and other abdominal viscera! A passion of the mind, like a blow of the head, may in one moment of time either so depress the action of the Heart, that the pulse at the wrist can scarcely be felt—or excite the same organ into the most violent palpitation. Further, as already stated, both the one and the other may cause asthma, vomiting, jaundice, or any other kind of corporeal suffering, not excepting eruptions of the skin! When the doctors treat asthma, precordial anxiety, and palpitation of the breast as Heart and Lung diseases simply, they err most grievously. When they speak of flatulence, vomiting, deranged liver, jaundice, intestinal spasm, indigestion, &c., as abdominal diseases, they are equally mistaken; and they err as completely in their general views and treatment of diseases of the bladder and its appendages. One and all of these disorders have their source in the pathetic Brain and Nerves.

It is the Brain and Nerves you must touch if you would touch the living body in whole or in part—whether sick or sound, internally or externally. Without touching these you could neither cause nor cure any human being of any disease whatever—whether internal or external, general or local. That many so-called local diseases have been cured by local applications, is no proof whatever that such diseases were merely local complaints. For, to whatever part of the body you apply a remedial substance, you may influence thereby, through the nerves of that part, the entire Brain in an *electrical* manner. And thus by such local application,—though not so readily as by the stomach—you may in reality cure not only the mere local disease, but the general

disturbance of the whole corporeal system out of which it grew. By the application of quinine to *any part* of a blistered or broken skin, for example, you may cure any kind of *fever* from which man can suffer or be saved. And, acting on the same Brain and Nerves by the same remedy, quinine, whether internally or externally, you may in numerous individual cases cure almost any kind of local affection you please—tumors, ulcers, and eruptions of the skin included. What disease, whether general or local, has not been cured by some given medicine, “as by a charm”? How do charms act? They revolutionize the Brain: revolutionizing the brain, they revolutionize the whole corporeal system. That is why a given medicinal force, like a passion of the mind acting through the nervous tissue, may in a moment of time “change” favourably or the reverse, the movements of every organ and atom of the body from head to heel; and thus not only alter the constitution and quantity of the Blood itself, but change in the same respects the elements of every one of the corporeal solids and secretions. Touch the Brain—no matter how—and you touch the entire man. The Brain, in truth, is the Man! To outrage the feelings of the man and destroy the forces that keep the man together, is, or till very lately was, the daily practice of the most “able physicians.” Witness the case of one of our royal dukes—a prince who might have died a king, but for the madness of the doctors!

“On Thursday se’nnight, His Royal Highness the Duke of Kent,”—the Rev. Erskine Neale tells us, in his *Life of the Duke*,—“took a long walk with Captain Conroy in the environs of Sidmouth, and returned to the cottage with his boots thoroughly soaked. Captain Conroy on reaching home, urged the Duke to change his boots and stockings; but the suggestion was unheeded until he dressed for dinner, being attracted by the smiles of his infant

Princess, with whom he sat for a considerable time in fond parental endearment. Before night, however, he felt a sensation of cold and hoarseness; when Dr. Wilson prescribed a draught composed of calomel and Dr. James’s powders. This His Royal Highness, confiding in his strength, and from an aversion to medicine, declined taking, remarking that he had little doubt but a night’s rest would carry off every uneasy symptom. The event proved the contrary. In the morning symptoms of Fever were increased, and *though* [BECAUSE?] His Royal Highness lost *one hundred and twenty* ounces of blood from the arms and by cupping, he died on Sunday forenoon. DR. MATON was summoned from London, unavailingly, in consultation. I well remember to have heard at his house in Spring Gardens, that ABLE PHYSICIAN and accomplished man talk over with my father the particulars of the Duke’s case, and to have listened to Dr. Maton’s bitter regret at its fatal issue. One of his remarks was, ‘Perhaps all was done that could be done. Indeed *that* is the view which *must now be taken*; but if I had been in attendance on him in the early stage of his disorder, I think I should have BLED HIM MORE FREELY [!] His stamina was so great, his constitution so unimpaired by excess, that he would have borne *more depletion*; at all events, I would have risked it. The result might have been the same, but I should have hazarded extreme depletion.’”

“Extreme depletion!” By extreme depletion the Queen’s father was put to death.—And yet the victim of this frightful practice might, without the slightest difficulty, have been cured by a few grains of quinine! Not so, however, thought “that able physician,” Dr. Maton, who, as a matter of course, ascribed the fatal event to the hypothetical bugbear, “inflammation.” Not so, in all probability, thought the thousand-and-one “general practitioners”

who all throughout the provinces called Dr. Maton down from London to help them with his "able" advice on the thousand-and-one emergencies where the so-called remedies for inflammation *failed to cure* so-called inflammatory disease! What oceans of blood—what millions of treasure has not the word "inflammation" cost the deluded people of every country in Europe?

In all countries "Simples" have preceded "Science" in the practice of the Healing Art. The common people of England were at one time famous for their simples; but we seldom or never now-a-days hear of their "*all-heal*," their "*bruise-wort*," their "*gout-weed*," and the like. The more the pity;—for, instead of bleeding away the life-blood to cure a fever, the unscientific peasantry gave decoctions of febrifuge plants—medicines which for their efficacy in fever, they termed "*fever-few*." The peasantry of other countries besides England effected great cures with their simples. By very simple means, a Peruvian peasant accidentally cured himself of a disease, to the reiterated paroxysms of which, in defiance of the "best medical advice" of this country, the stalwart Cromwell was forced to succumb. Before the introduction of the Peruvian Bark by the Jesuits, thousands of our countrymen annually perished by Cromwell's disease—the AGUE, fell victims, in a word, to the physician's ignorance of the very nature of Intermittent Fever. The rapidity even with which the bark can in most cases put an end to the paroxysms of that complaint, instead of being a recommendation in the first instance, greatly retarded the success of the new remedy with the majority of the profession, who, being paid for *time* instead of for *talent*—how long will such a system continue?—naturally opposed it with all the vehemence of bigotry, and all the virulence of self-interest. The physicians of London, more particularly, with their associated satellites the apothecaries,

and their hirelings the nursetenders, —then as *now* all acting in the closest collusion—were not ashamed secretly to whisper away the characters of such of their brethren as dared to adopt it in practice. It was their fashion to decry these last as "quacks," and to accuse them of poisoning every man, woman, or child, who happened to die under their hands. Even in our own days, when any one deviates from the beaten path, the doctors all through the country first cry him down as a charlatan who gives "poisons," and then without acknowledgment, secretly prescribe the very same "poisons" to their own patients. The public seldom discovers the calumny till the man of genius is either dead or ruined. Harvey, who discovered the Circulation of the Blood, and Jenner, who discovered the prophylactic power of Vaccination against Small-pox, while they lived were both stigmatized as quacks, and shunned accordingly by their professional brethren; and both died disappointed and broken-hearted men—a lesson to those who would enlighten the besotted people of any country—more particularly the people of England, who, if Cobbett be right, are "a nation of idiots!" Not a few of them, in my own experience, I am sorry to say, pass their entire lives as if they meant to die *incurably* such. Preferring authority to examination, the greater number of what are called "educated men," too often think they are "thinking," while in reality they are only clouding their intellects with the pedantry and dust of the schools;—and woe to him who would brush either away!—Content to live in an atmosphere of fog, both learned and unlearned treat any man who would take them out of the bog into which they may have been bewitched, precisely as the ass in the fable treated its benefactor when he removed the load under which the poor brute staggered—the stupid ass kicked him!

Return we to the Jesuits' Bark. A generation of doctors had to pass away before that "invention of the devil"—as the professors of physic termed this drug on its first introduction—fully established itself as a cure for Intermittent Fever. But, with all their science, and with all their search, the professors of Europe had never been able to explain how a disorder involving—as the Ague confessedly does involve—*every organ and atom* of the body, should yield to a vegetable principle, at first sight, so apparently powerless and inert. Nor did their discovery even of the active element of the bark, *Quinine*, enable them to give anything like a satisfactory explanation either of the mode of action of the remedy, or the nature of the disease which it cured. It was reserved for the present writer to explain both. In the phenomena of the Ague-fit—in the paroxysm of Intermittent Fever—I discovered not only the *type* of all Fevers—the type of small pox, chickenpox, measles and all fitful complaints—but the type of every other known *form* of disease; while in the Electrical action of the Peruvian bark on the *Brain and Nervous System*, in the cure of that particular convulsion, I found a Key to the true mode of action of all remedial means!

Abstractedly speaking, there is but one Health and one Disease!

Many and various, it is true, are the supposed *partial* complaints which medical men usually term, "local disorders;" but, strictly speaking, local disorders are so rare that, with the exception of a few mechanical diseases, I scarcely know a so-called local complaint that I have not myself cured by internal constitutional measures. The merit of having been the first to show that the greater number of so-called local diseases gradually grow out of a great *antecedent* or great *coincident*, FEBRILE CONSTITUTIONAL WRONG, I distinctly claim as mine. In every kind of

disease such constitutional disturbance, whatever be its cause or causes, begins, I contend, as in the Ague, with the Brain and nerves. Moreover, when analyzed, every kind of constitutional disturbance, whether of the "circulating or nervous system,"—how long can there be disease of the one without disease of the other?—will be found to resolve itself into an aguish or febrile movement of each and all of the organs and atoms of the entire body—intermittent and fitful like the Ague, and, like it, attended with alternations of temperature and other phenomena, all more or less repetitive and *periodic* in their character. In disease, as in Health, the movements of every animal body, I maintain, betray this tendency to remit, repeat, and keep time. But the time kept by the various corporeal motions during the paroxysm of Disease,—however periodic and regular the time of return of the paroxysm itself—in every instance is wrong time when compared with the time kept by the same motions during the intermission or during the state of Health. How could there be a tumor in any part of the body—*excess*—or an ulcer—*deficiency*—if the atoms of that part kept the normal and natural time in the order of their entrance and exit? And by what possibility could Bark or Iron, internally administered, cure such complaints as "diseases of the joints and spine,"—to say nothing of tic, toothache, tumors, and eruptions—if one and all of these diseases were not of a febrile or constitutional kind? To the greatly altered treatment of all these various diseases, of late years, I appeal in proof of the magnitude of the Chrono-Thermal discovery—a discovery which has already effected a complete revolution in the opinions and practice of almost every medical man throughout the country. Since the first announcement of this discovery, in 1836, what curable disorder—name it how you please—has not

even in the hands of others, yielded in numberless instances, to Iron or Bark? The admission of this one fact not only stamps the **UNITY OF DISEASE** as a truth, but establishes beyond question the unity of action of every kind of medicinal force on the Brain and nerves.

All but ignoring the existence of the Nervous System, the majority of physicians from the time of Harvey to the present, have ascribed the chief efficacy of remedies to their influence on the "circulation." The discovery of the Circulation of the Blood, incredible as it may seem, has hitherto rather tended to retard than to assist the progress of the Healing Art. Dazzled by the brilliancy of that discovery, medical writers, during the last two centuries, have made the circulation and its apparatus the all but exclusive object of their reasonings on disease. Sir B. Brodie, even in 1850, points to "some antecedent morbid condition, either of the *circulating* or nervous system" as the pathological source of certain local diseases—putting here, as anybody with the slightest perception may see the cart before the horse—the sanguineous before the pathetic element! The phrases, "rush of blood to the head," "pressure on the Brain," "plethora," "congestion," &c., are the still existing relics of the same curious misapplication of a great physiological discovery; and hence, to a certain extent, the continuance to the present day of the false and fatal sanguinary practice. Slurring over in their pathological reasonings all mention of the only pathetic system of the body, the Brain and nerves, the majority of professors either could not or would not see that the Heart, to whose motions, lancet in hand, the whole profession so exclusively directed attention, is a mere circulator of the material of repair—a mere hydraulic machine—which, like all the other machinery of

the body, is completely under the domination of the Brain, and liable therefore, like every other corporeal organ, to be disturbed or soothed by whatever soothes or disturbs the sentient Brain and nervous system—the only source of cause and cure! Not the movements of the Heart only, but the very constitution and vitality of the Blood itself depend on the condition of the Brain and Nerves—the pulse, whatever the doctors may think or say to the contrary, playing a very secondary part in the phenomena of disease!

The Cerebro-nervous system is the great telegraphic system of the body. The Head is the chief electric station; the whole managing influence being concentrated in the Brain. Not an organ of the frame can change its motion, nor an atom change its place, whether beneficially or otherwise, without the cognizance of one or more portions of the *sentient* cerebral mass; while the Nerves, lightning-like in their action, are so many electric wires by which the all-dominating Brain transmits and receives impressions to and from the most distant parts of the economy.\* To the Brain and Nerves, then, it cannot be too often repeated, must we trace the beginning of all medicinal agency. Here, too, as we have seen, is the seat and source of the Passions, which play such

\* What could be a greater proof of the little attention bestowed on this system till within the last few years, than the fact, that the late Sir George Lefevre when plagiarising the author's views on this subject, was fain to call his pamphlet by the deprecatory title of *An Apology for the Nerves!*

The writer of an article on "The Electric Telegraph," in the *Quarterly Review*, has lately *inverted* the illustration in the text. According to this writer, "the stuccoed wall" of the Central Telegraph Station, "with its illuminated clock," is the "forehead behind which lies the great Brain—if we may so term it—of the nervous system of Britain."—"And now (he says), like a curious physiologist, let us examine the various parts of this ingeniously-constructed *sensorium*, and endeavour to show our readers how, in this high chamber, fashioned by human hands, thoughts circulate, and ideas come and go by the 224 fibres which transmit intelligence."—*Quarterly Review*, June, 1854.



an important part in the human constitution. By inducing, like the Passions, a new revolution of the Brain, a new movement of the cerebral atoms, Bark, Iron, and all other medicinal forces, tell on the various Nerves of the body—not mechanically or chemically, but *electrically*;—and in accordance with all electrical agency, all medicines in different bodies may have a totally opposite action—an action of attraction in one, an action of repulsion in another; hence their difference of effect on different constitutions, even in the same diseases. Hence too, the proof, the indubitable proof of the truth of the popular adage, “What is one man’s medicine is another man’s poison,”—a truth which a great many doctors either cannot or will not understand. A similar difference of result, beneficial in one instance, baneful in another, may be observed in the case of the Passions as in the case of medicines. Lives there the practical physician who will deny the possibility of any kind of constitutional disease being caused or cured by a revolution of the Brain through any one of the passions or emotions? The very fact of a mental emotion curing or causing any given form of disease, at once stamps that particular form of disease as a true constitutional disorder—in other words, a Brain-complaint. What disorder, let me ask, has not been *caused*, and in numerous instances *cured*, in this manner? Gout, tic, toothache, palsy, epilepsy, asthma, diabetes, diarrhoea, dropsy, fever, heart-disease, melancholia, mania, have all, in my experience, been caused and cured by mental impressions. These diseases, one and all, then, are Brain-diseases; and one and all of them are intermittent febrile diseases. Moreover, one and all of these complaints, when actually existing, have been cured or suspended by some new cause of febrile excitement, operating

*inversely* on the Brain. Small-pox, scarlet fever, the fever of Pregnancy—a fright even—have caused and cured each and every of these diseases, mania included. What, after all, is mania, but a delirious fever, rendered chronic by bad treatment? And its “lucid intervals,” what are they, but mere *intermissions* between the paroxysms of this Head affection, which so many of the mad doctors continue to this hour to mistreat by leeching, purging, setons, issues, &c., precisely as Sir B. Brodie for more than thirty years mistreated diseases of the Joints and Spine? A fit of mania is as common a saying as a fit of the ague; and few of the laity, at least, who, like myself, have seen the maniac—whether with his pale aguish cheek or with his hot flushed and feverish forehead—will demur to my explanation of this particular disease. A fit of Palsy, a fit of Gout, a fit of Rheumatism, a fit of Colic—nay, a fit of the Stone, were expressions in everybody’s mouth long before “the malaria from the wood pavement induced all diseases to take on the intermittent type!” Equally fitful are the greater number of “local” diseases. Yet not till the year 1850, did Sir B. Brodie for one appear to recognise the “fitful alternations of temperature,” the chills and heats which “periodically affect the joints,” in the particular diseases on which he had been occupied all his life long! In 1834, instead of using Bark or Iron to cure a periodic headache, Sir B. Brodie, by his own showing, employed leeches and blisters to both the head and legs. Not till the year of grace 1850 did the Court Surgeon admit his ignorance and his errors in this respect—but when he did so, he took care to qualify his admission with the astounding statement, that he had been in error only during his “early life.” What man of honour or principle would write in that manner ~~the~~

had practised these errors for upwards of thirty years? But even in his edition of 1850 Sir B. Brodie makes no mention of the "malaria from the wood pavement," although in 1844,—six years earlier,—Dr. Copland had electrified the Westminster Medical Society with his statement that "since about 1826 or '27, the malaria from the wood pavement had caused all diseases to become intermittent, particularly in London and the outskirts."—And that consequently in London at least, since about '26 or '27 the practice both of physicians and surgeons had been turned completely topsy-turvy. Believe me as you please, reader—not only was that statement then and there made with all gravity and deliberation; but in the *Medical Times*, and other medical journals of the year 1844, very duly appeared Dr. Copland's announcement that up to "about 1826 or '27," there was nothing but continuous suffering throughout the world. The "wood-pavement," according to the learned doctor, came as a God-send about that time, and did away with all necessity for the lancet "in London and the outskirts."

Malarious winds now round and round us flitted,  
And from that moment all our ills—REMITTED!

Before '26 or '27 intermittent disease, forsooth, was the rare exception—and continuous and inflammatory disease the rule—for which therefore, according to Dr. Copland, bleeding, repeated and repeated even to the point of death, in chest disease more particularly,—till this epoch—was the *sine qua non* of remedies. Then, too, for the first time, if we may credit the same physician, "quinine" and "bark" required to be substituted for bleeding in the diseases of the lungs. Why did Dr. Copland delay till 1844 to announce his discovery of that "fact?" And how came the same Dr. Copland to allow his medical brethren, during the long space of seventeen years, to slay and slaughter their fellow-men, without a

word of reprobation, till 1844! The prevalence of the sanguinary practice, even in 1836, when, to the great detriment of his fortune, the present writer first took up his pen, single-handed, to denounce it in every and all its forms, is completely established by the testimony of Mühry. And whatever the doctors may say to the contrary, the reader of these pages, if he has no experience of his own, has at least seen in the evidence of Sir John Forbes, the excessive bleeding and purgation that continued in force ten years later still—to wit, in 1846.

For my "mad opposition" to what the doctors for a long time afterwards called, and many of them still call, the "right arm of practice," I was for years held up to supreme ridicule. A change has come over the spirit of their dream since then. Finding the stream of public opinion at last running in a contrary direction, certain of the London apothecaries, as remarkable for their astuteness as for their utter want of principle, now impudently maintain that they themselves actually anticipated me in the anti-sanguinary movement! If that be true, how came Dr. Watson, their own "great authority," in the last edition of his *Practice of Physic*, published in 1845, to recommend bleeding, leeching, and cupping for almost all complaints?

Dr. Watson is the "Sir Oracle" the greater number of the London apothecaries of the present time call in to their consultations. What does Dr. Watson do when they call him to a case of Apoplexy, which he himself styles a "disease of advanced age?" His treatment of this Head-complaint is thus laid down by himself in his work of 1845. Having first, on the false theory of "pressure on the brain," drawn off by "*a large bleeding*"—I quote his own words—and afterwards by "*cupping from the temples, or the nape of the neck,*" as much of an old man's vital fluid as, by hook or by crook,

he can get without slaying the patient outright, Dr. Watson at once proceeds to "blister him," and put him on "very short commons." Here, of course, he rests on his oars? Nothing of the sort! Not content with thus torturing and pouring out the life-blood of an aged person, and by "very short commons" stopping every chance of the reproduction of his vital fluid—that reparative fluid without which it is impossible to close a "ruptured blood-vessel," supposing such to be the cause—which by the way it very seldom is!—Dr. Watson's next move is to purge his patient "two or three times a day." This, he tells us, he does "in all cases" of Apoplexy. How long an aged person can be kept above ground while undergoing this discipline, Dr. Watson does not think it at all necessary to say; but in "young and strong persons" his practice in this disease is not yet complete—so, at least, he tells us—till he has further placed the subject of it under the benign influence of mercurial salivation! Having first, with the most exemplary diligence, drawn away the life-blood of a person of "advanced age," as you would draw away beer from an old barrel, this model physician's next step is to diminish the usual *incrementitious* supply by "very short commons," that he may, with the less compunction, multiply the normal *excrementitious* act of one a-day by the simple rule-of-three! Yes; in order that the patient may be kept "very quiet"—I quote the eminent gentleman's own words—Dr. Watson bleeds him, cups him, blisters him, purges him, "two or three times a-day," puts him on "very short commons," and, "if young and strong," salivates him into the bargain! By which procedure you here see how, to a mathematical certainty, a great London physician may, without any scandal, transmute the elements of the yet living organism of his patient's body to *guano* simply. Were this Dr. Watson's avowed

object, how could he possibly improve the treatment? What better recipe could he give than this for reducing an honest man's flesh and blood to manure? Reader, what would you think of a merchant who should first get rid of a great part of his capital, and then, upon a diminished income, multiply his expenditure two or three-fold? Such is the plan of cure recommended by Dr. Watson. Yet it is but just to him to say, that he is not alone in this practice. Dr. Watson is only the type of a class of practitioners who think all this "killing no murder." People there are, nevertheless, who will call it madness, at least,—madness with a method in it. "Ignorant and impatient sick, or their friends," as Dr. Watson himself tells us, will sometimes think this practice wrong from beginning to end, and wish to try, instead, "strengthening food by meat and drink," "tonic medicines," and other "foolish" remedies. But what can "ignorant and impatient sick, or their friends," know about physic and anatomy? Ah, if ignorant people only knew half as much about their own living bodies, as many of them know about two dead tongues—Greek and Latin—the doctors of the school, of which Dr. Watson is the type, would very shortly be compelled to dine off one, at least, of their own favourite remedies for Apoplexy—"very short commons." Strange that men should busy themselves with almost everything in nature but their own bodies. Nearly all bodies but their own are, more or less, familiar to most people; that is the reason why chemistry, astronomy, geography, &c., have progressed, while physic, for three thousand years at least, has scarcely advanced a step. People who will even discuss theology with you all day long—who will dispute and wrangle about what is to be done with their immortal souls in the world to come—in this particular world will leave their poor mortal parts,

without scruple, to the doctor and his confederate the apothecary, to mangle and mistreat as they please.

When, so far back as 1836, I openly maintained that Apoplexy, like every other curable disease, could be successfully treated without blood-letting, I was howled down as a madman, both by the profession and the public. But in 1850, a change began to come over the medical spirit here, as in other respects. Among others Dr. Todd, professor of King's College,—in complete opposition to his quondam colleague, Dr. Watson—came forward in that year to denounce the bleeding system in Apoplexy! "Let me add," says Dr. Todd, "that it sometimes requires the exercise of no small amount of courage and self-possession to *resist* adopting that practice; for the popular feeling led by the *prevalent medical practice*, is entirely in favour of it, and would readily condemn a practitioner as guilty of the *death of his patient* who suffered him to *dis unbled*." In the *Medical Circular* for 5th April, 1854, we also read the following, under an article headed "Dr. Todd's novel treatment of Apoplexy:" "Dr. Todd's mode of treatment in cases of partial Apoplexy and Paralysis, apparently followed by the best results, is also something new and interesting. *All cases of Apoplexy, he is much inclined to believe, are made worse by bleeding; we lessen the power of the system, so to speak, to throw off the disease; all the fatal cases of Apoplexy in books, it is curious, have been bled; those cases, on the contrary, which have done best in his practice, have lost none or only a few ounces of blood. In the two cases under review he has interdicted bleeding of every kind; he has exhibited mild tonics; Quinine, from the commencement.*" \*

\* These remarks in the *Medical Circular* brought out the following letter to the Editor of the same Journal, for April 12th, 1854:—

"Sir,—I confess I am utterly at a loss to imagine how Dr. Todd's peculiar treatment of Apoplexy can, by

Thus in Apoplexy, as in Pneumonia, Dr. Todd, again without acknowledgment, adopted, in 1850, a practice which, in the teeth of the world's belief, and consequently in the teeth of calumny and wrong, I first publicly inculcated fourteen years before him. About the year 1854, also, Dr. Todd, yet once more without acknowledgment, adopted my vito-electric doctrine of the Brain—changing my word "atom" into the word "molecule," and mixing the whole up with the absurd word "polarity," the better to disguise his plagiarisms.

Having seen how Dr. Watson, the "great authority" of the London doctors, treated, or rather mistreated, Apoplexy up to 1845, turn we now from that disease of "advanced age," to the practice of the same "great authority" in "Infantile Disorders" at the same epoch. Take the case, for example, of an infant suffering from Hydrocephalus—"Water on the Brain."—In this remittent Brain-fever of infants, Dr. Watson begins with a very proper caution.

"We must bear in mind that our patients are children, and, for the most part, *weakly* or scrofulous children."

any possibility, be described as new? Whether as regards the total abolition of blood-letting, or the early administration of quinine, it is, as your readers are quite aware, the self-same practice as that pursued for many years past by the author of the *Fallacies of the Faculty*. It is curious to observe how exactly both these gentlemen agree in their estimation of the value of particular remedies. 'All cases of Apoplexy,' Dr. Todd believes, 'are made worse by bleeding; we lessen the power of the system, so to speak, to throw off the disease,' or as Dr. Dickson has better expressed it, 'you afford by blood-letting, in the greater number of cases, a temporary but *delusive* relief, the general effect being *vital depression with diminution of the corporeal forces*.' 'Dr. Todd's mode of treatment,' then, 'in these cases of partial Apoplexy and Paralysis, apparently followed by the best results,' although 'interesting'—nay, in the highest degree interesting—assuredly is not new. Reference to the published works of Dr. Dickson will fully bear out this my statement. As to how far *they* (Dr. Dickson's published works) have brought about the 'quiet revolution' of which you speak, you apparently think it unnecessary to allude; but, Sir, it certainly appears to me that, as this mode of treating Apoplexy is so interesting, the name of the author associated with it must be interesting also. Your obedient Servant,

"BENJAMIN T. MOORE, M.D.

"Lavender Hill, Surrey."

For such a case, what sane man would advise antiphlogistic remedies?—This is Dr. Watson's plan of treatment in Water on the Brain:—

"If the child be *feverish* [which it is sure to be] there can be no doubt about the propriety of *abstracting blood*." "We may apply three leeches to a *strong* infant of six months"—in a disease affecting, "for the most part, *weakly* or scrofulous children!" In children a few years older Dr. Watson takes blood from the arm. "Six *ounces* drawn from a vein (he says) is a full bleeding for a child five or six years old." "Next in rank come *purgatives*,"—the best, according to Dr. Watson, being "*Calomel* and jalap, or calomel and scammony." "In the latter stages *blisters* are of good service."

What by Dr. Watson's own published account is the result of this model practice?

"Taking the average (he tells us) we have 76 instances of the disease, and 19 *recoveries*—exactly 1 in 4. The cases in which the recoveries took place were mostly those in which antiphlogistic measures were adopted *early*."

Mostly those! magnificent proportion—*three* deaths out of every *four*! Treated as Dr. Watson treats it, Hydrocephalus is three times as fatal as the Cholera. And yet, so enamoured is he of the antiphlogistic practice, he thinks it right to caution his readers "against trying now this and now the other remedy, because it is *new*, or because some persons have been wonderfully successful with it!" The "*remissions*" observable in Water on the Brain, in common with all constitutional complaints, Dr. Watson stigmatizes as "deceitful appearances of amendment, and even of *convalescence*. The child *regains the use of its senses*, recognises those about him again, appears to its anxious parents to be recovering—but in a day or two *relapses* into a state of deeper coma [insensibility] than before — and

these *fallacious* symptoms of improvement may occur more than once."

Ah! Dr. Watson, did you and the miserable clique who cry you up as a great physician, only know the value of these "fallacious symptoms," how easily, with a grain or two of Quinine, might you, as in the intermissions of the Ague, prolong to a cure those appearances of amendment which, by your own showing, frequently last for days together! Instead of availing yourself of Quinine or iron during such heaven-sent intermissions to arrest the febrile paroxysm,—the real source of the child's stupor,—on every fresh access of this Brain fever, you deplete, and deplete away the life-blood—the life-blood of a "weakly" child—to leave in its place the *water*, which, instead of being the *beginning*, is the *end* of the Brain fever and your own bad practice united!—What must be the state of Physic in England when a man who should write as Dr. Watson has written, on Apoplexy and Hydrocephalus, actually enjoys the reputation of being the first physician of the Metropolis!—Reader, there are wheels within wheels here, which make it an absolute impossibility for the "race to be to the swift," or the "battle to the strong," or "riches to men of understanding," or "favour to men of skill," in the medical profession—as *now* constituted! The cruel cause of this state of things will come out in proper time.

Meanwhile, in illustration of the fact that the great London doctors base their art upon no fixed or firm principle, I cannot do better than present the reader with an extract from a little volume entitled, "*My Wanderings*," by Mr. John Gadsby, the Publisher:—

"In August, 1843," Mr. Gadsby tells us, "I caught a severe cold, which settled on my lungs, causing me to expectorate blood, &c. I consulted some of the most eminent medical men of the day, includ-

ing Sir James Clark, Sir Benjamin Brodie, Dr. Watson, &c., and was by them bled, blistered, cupped, and physicked, according to their respective fancies, until I was certainly too weak to bear any more; and *then* I was pronounced to be in a consumption. Though these worthies differed widely, not only as to my ailment, but also as to the remedy, one saying that my *right* lung was the worst, another my left! one that as I had expectorated blood and pus, the *substance* of my lungs must be affected, and another that it was merely a rupture of one or more of the air-cells, the progress of which might be checked by proper treatment; one recommending leeching, and another dry cupping; one counter-irritants and another emollients; one excitants and another depressants; one stimulants and another refrigerants; one acids and another alkalis; one purgatives and another astringents; one tonics and another sedatives; one blisters and another cataplasms; with almost every other contradiction their Pharmacopœia contains; yet, like a lamb, I submitted to all that was prescribed, without experiencing any alleviation of my cough, or the slightest improvement in my health. Moreover, and this fact I must name, as it shows still more strongly how ignorant many of these great practitioners are, some recommended me to go to a *warmer* climate (as Madeira or Malta), and one to a *colder* (Russia for instance); one ordered me to keep as quiet as possible, and another urged me to take horseback exercise; one prescribed a Burgundy pitch plaster, and another (Sir James Clark) nearly flayed me alive with an embrocation, the mere *smell* of which caused the faces of two persons to be so swollen that their eyes were partially buried. Dr. Thomas Watson, late of Bartholomew's Hospital, said, that though he was certain ulceration had not taken place in the substance of the lungs, yet

there was evidently mischief going on in the left lung, and he advised me to leave for Madeira with as little delay as possible. He also prescribed for me nitric and muriatic acids diluted,—a wine-glassful three times a-day,—at the same time cautioning me to be careful of my *teeth* while taking it. Of this mixture I took quarts; I say quarts, for I had it made up by a quart at a time; indeed, I think in one instance I had *two* quarts made up. The design of the medicine was to check the night perspirations with which I was grievously troubled, and also, I suppose, to give *tone* to the stomach. My chest was also rubbed with emetic tartar, and subsequently regularly with the compound camphor liniment. But all was of no avail; my symptoms gained upon me. None of these things, nor all united, either removed the pain, checked my cough, or prevented the occasional recurrence of spitting of blood. The winter had now overtaken me. My cough was exceedingly violent, notwithstanding that I regularly wore a respirator, was encased in flannel, and took as much care of myself as the most timid doctor could have wished; until I became so weak that I had frequently great difficulty to dress myself. This winter (1843) was unusually mild up to the end of the year. Dreading that the new year would bring with it severe weather, and not having courage to go to Madeira, I left home early in January for Bath. Here, *to keep up my strength*, as advised by my doctors, I lived almost entirely upon new milk, eggs, &c., avoiding all stimulants, spirituous as well as animal, the former entirely, the latter nearly so. Here I also consulted another Dr. Watson, of great celebrity in chest complaints. This gentleman in some degree confirmed the opinion of his namesake in London, as to the state of the left lung, but prescribed the very opposite treatment, substituting belladonna for the

liniments, and mild aperients for the acids. A severe domestic affliction (the death of my dear and highly-honoured father, the Rev. W. Gadsby) causing me to return to Manchester almost at a moment's notice, I was rendered too weak and low to venture back to Bath. All my friends gave me up, and I had certainly the appearance of one whose days are numbered within the compass of *tens*. My cheek-bones became more and more prominent, my fingers' ends more shrivelled, and my knuckles more projecting, &c. Thus I went on till the autumn of 1844, when I resolved, as a last human resource, to attempt a journey to Grafenberg, to see the celebrated hydropathist, or 'water doctor,' PRIESNITZ. This journey I undertook; and, after travelling through Germany for ten or eleven days, without a companion, and without knowing a word of the language except what I learned on my way from my German and English dictionary, I arrived in Silesia. I found Priesnitz in his corn-field, hard at work with some of his patients. After a close inspection of me by his penetrating eye, he said my lungs were evidently in a very weak state, but he believed he had cured worse cases, and he advised me to try the milder parts of the treatment, at some establishment nearer home. Sweating and plunging I was *by all means* to avoid. Having taken a brief inspection of his immense establishment, in which there were upwards of 500 patients, I returned home with all due speed, my mind being made up to try the water cure nearer home. Accordingly, a few days after my arrival, I went to an establishment in —,\* having been previously told by two medical men that, in my case, it was a very ill-advised step, and by one that I should never come back alive, he, at the same time, confessing that *he* could

not cure me. I remained there during the months of October and November, during which time my recovery was so rapid as to astonish all who knew me. My cough entirely left me, the expectorations nearly ceased, night perspirations disappeared, the pain in my chest rapidly diminished, and I was, in fact, another man. My eyes were opened to see the *ignorance of the faculty*, and how much the Lord, in his providence, could bless the simplest means."

The mention of Priesnitz and his system naturally leads me to say here, what I have often said in private to my patients when questioned about Hydropathy, namely, that I think the world is greatly indebted to the Styrian peasant for the many improvements he has introduced in his method of influencing the *Temperature* of the body by means of cold water. But while disposed to give him every credit in this respect, I am bound to add that, as a system of medicine, Hydropathy is too *exclusive*, too one-sided, to meet the medical wants of any community whatever. And more than this, in many instances it is wholly unadapted to certain *constitutions*. Observe, I do not say certain *complaints*—for I believe that in individuals there is scarcely a human disease to which it might not prove serviceable—while in other individuals suffering from the same diseases it has, to my knowledge, proved the reverse—accumulated proofs alike of unity of disease and diversity of constitution! My own system I think preferable, for this reason—that, unlike the system of the Hydropathists, who reject every good thing in nature, cold water *excepted*, the Chrono-Thermal System, on the contrary, avails itself of every gift of the Creator, cold water *included*. The reader can judge for himself which is the better system—that which prides itself on paucity of resource, or that which

\* "I omit the name of this establishment, as it is now in the hands of a doctor whom I could not recommend any one to consult."



seeks a solace for suffering amid the boundless fertility of the material universe.

Having alluded to the practice of one undiploma'd doctor, Priesnitz—let me now say something of the medical experience of another—Lieutenant BURTON, of the Bombay army, who, in the character of a Hakeem, or oriental physician, penetrated—chrono-thermal physic in hand—to El-Medina and Mecca. The following is from his recently published "PILGRIMAGE:"—

"But the reader must not be led to suppose that I acted 'Caraban' or 'Sangrado,' without any knowledge of my trade. From my youth I have always been a dabbler in medical and mystical study. Moreover, the practice of physic is comparatively easy amongst dwellers in warm latitudes and uncivilized people, where there is not that complication of maladies which trouble [or are thought to trouble] more polished nations. And, further, what *simplifies extremely* the treatment of the sick in these [and all other] parts, is the undoubted *Periodicity* of Disease—reducing almost all to one type—AGUE. Hence the origin of the Chrono-Thermal Practice, a discovery which Physic owes to Dr. Dickson. Many of the complaints of tropical climates, as medical men well know, display palpably *intermittent* symptoms [which until that discovery were supposed to be], unknown to colder countries; and, speaking from individual experience, I may safely assert that in ALL cases of suffering, from a *wound* to *ophthalmia*, this phenomenon has forced itself into my notice. So much by way of excuse. I therefore considered myself as well qualified for the work as if I had taken out a *buono per l'estro* diploma at Padua, and not more likely [very much less!] to do actual harm than most of the regularly graduated young surgeons who start to finish themselves upon the frame of the British soldier."

This tribute to the value of the Chrono-Thermal discovery appeared in print before I had any personal knowledge of the writer. Now that I have the pleasure of his acquaintance, Mr. Burton wishes me to state thus publicly, that he owes his great success as a doctor in eastern parts to a copy of the "Fallacies of the Faculty," which a friend lent him while in Alexandria, a short time previous to his departure from that city to commence his singularly interesting "Pilgrimage."

One of the greatest obstacles to the progress of medical truth in England, is the employment of surgeon-apothecaries as midwives. Almost entirely monopolizing the practice of medicine by the influence which they have gained over the minds of our women, these people will countenance no physician who does not prescribe large quantities of useless and, too frequently, deleterious medicine. The ladies of this country should take a lesson from the American ladies, who not only prefer midwives of their own sex, but actually employ female physicians. Female modesty and morality alike require that the diseases of women should be attended to solely by women; and all through the United States you now meet with regularly-bred female physicians, most of them having the degree of M.D. from a University, and many of them being in the enjoyment of large and lucrative practice. In one of the Numbers of the *Anti-Lancet*, a Philadelphia Journal, is a very interesting case of Dropsy, successfully treated by Mrs. Longshore, M.D.

"The patient, Mrs. Anna M. Slade, aged 36 (Mrs. Longshore tells us), had good health up to the period of her last pregnancy, during which she complained of weakness and distress. She was obstetrically attended by the family physician, whom she charges with employing *unusual force* to hasten the process of parturition; which was followed by profuse hæmorrhage."

hage, reducing her to a state of extreme weakness. In the course of some weeks she gained sufficient strength to walk down stairs with assistance; after which she was subjected to severe pain in the loins and abdomen. The doctor prescribed with temporary relief. When her babe was two months old she suffered a relapse of the symptoms named, but of a more intense character, for which she was *bled largely*, was cupped, blistered, and mercurialized; and the subsequent treatment was, without doubt, the usual routine of the 'regular practice,' but it all proved to be of no advantage to the patient. The case had now become one of extreme alarm, and a 'consultation' was held, which resulted in the expression of utter hopelessness for the patient—the family physician 'staking his medical reputation' upon the assertion that 'she could not live a month.' A Homœopathist was now called in, who expressed the same opinion, but occasionally came to observe the progress of the case. Despite the opinion of these gentlemen, the patient herself did not despair. Her vitality was large, and her maternal feeling strong; and these were strengthened by the sight of her loved ones, who clustered round her couch of suffering. On examination and inquiry, I readily detected *paroxysm* and *remission*, and of necessity *Periodicity*. I at once commenced the Chrono-Thermal treatment of the case, and found that the *remissions* were daily more distinct and *prolonged*.—23rd. Bowels moved—which greatly relieved the patient, and subdued the palpitation.—26th. Discharges more natural—the functions of the kidneys improving—less difficulty of breathing—the *dropsical effusion subsiding*.—28th. Much more comfortable—swelling greatly reduced—less tenderness of abdomen—remissions prolonged, with improving appetite. The treatment was continued until April 12th, when the water in the

lower extremities began to filtrate through the pores of the skin—six ounces thus passed in the course of the night; and even this effort of nature to restore disorder to order, *obeyed the periodic law*—first commencing at night and ceasing during the day; and, as the symptoms improved, the flow commenced at an earlier hour on each succeeding evening.

"On the 17th, at ten o'clock, A.M., she experienced—in her own language—'a universal shaking, as though every joint would be dislocated,' felt some nausea, accompanied by a sense of coldness. This was followed by an abundant evacuation of water from the bowels, the kidneys, and the skin, and soon a genial moisture covered the surface. Anti-periodics were largely administered, which, in a few days, completely broke up the paroxysms, and convalescence was established. She now began to walk by the aid of crutches; the treatment was continued, and in May the crutches were laid aside; she resumed her household duties, and was able to visit her friends. In June she went into the country on a visit. Whilst there, she exposed herself to over-exertion, and was subjected to a *severe fright*. [Reader, mark the result of this affection of the *Brain*.] Soon a tumor was apparent in the abdomen. In the fall she again placed herself under my care. The tumor gradually increased, until it proved to be a local development of the disorder now technically called *Ascites* or *Dropsy*. The trochar was introduced, and the water partially drawn off. The Chrono-Thermal treatment was continued with such gratifying success, that the patient has, for months, enjoyed better health than for years previous. She is now in the active discharge of her family duties, is gaining flesh, and her appearance is indicative of health. Her disease has wholly disappeared.

"The above case," says the Editor of

the *Anti-Lancet*, "is one of much interest, for two reasons: first, it is an additional proof of the superiority of the Chrono-Thermal System over the systems of the old schools, whether Allopathic or Homœopathic; and, second—it is an unanswerable argument in proof of the adaptation of woman for the profession of medicine. We have the pleasure of an acquaintance with Mrs. Dr. Longshore. She is a lady possessing a strong and original mind, close powers of perception and reasoning, and a thorough medical education. As a practical anatomist she has few superiors, even among practitioners of the 'sterner mould.' Mrs. Dr. Longshore is a 'friend,' and her whole character is marked by the excellencies of 'the friends,' or Quakers, as they are called. Placid, thoughtful, observant, full of sympathy, and governed by an active benevolence, she delights in doing good. Her practice is large, rapidly increasing, and generally successful, and she is devoutly attached to her noble profession."

The London Apothecaries of course will smile contemptuously at this.—Will they smile contemptuously at Sir Walter Scott, who confirms the fitness of woman to soothe suffering, where he says:—

"When care and anguish wring the brow,  
A ministering angel thou!"

Will the London apothecaries laugh at FLORENCE NIGHTINGALE?

Medicine and midwifery are both domestic arts—Woman is all but born a doctor—Ladies of England, think of this. Hitherto you have left the field of "labor" to men who would be better employed with your distaffs and spindles. Mothers of England, you have a mission—fulfil it; proclaim to your daughters that the birth of a child is not a surgical operation, but a natural process—and that there is no case of parturition so difficult that may not be better managed by a well-

instructed woman than by a man—whose very presence in the sick chamber disturbs the uterine action, and causes the greater number of difficulties that occur in such cases. Whatever objections the apothecaries throughout the country may now find it their interest to adduce against the practice, this fact at least is certain, that all throughout the West, during the days of the Cæsars, and for many centuries after, women were the only attendants of parturient women. Then, as far as regards the East, who, let me ask, looked on at the birth of the twelve apostles? An oriental mother, even at the present time, would sooner die than seek the assistance of a man in her hour of travail.

In a country like England, to clear away a given folly, is too often unfortunately only to make room for some other folly equally egregious. This in our own day has been the case with medicine. Just as a considerable number of physicians had come to adopt my own view of the true constitutional origin of diseases, up sprung a class of people, who will have it that, in the majority of *female* complaints, at least, there must ever be more or less of *local* wrong, which no possible constitutional treatment can cure! Whispering mysteriously the words "engorgement," "tumor," "inflammation," "ulceration of the os," "version," and "retroversion,"—phrases for the most part invented for the mere purpose of striking panic into the hearts of families who must ever be in the dark *here*—these men straightway confine the patient to her couch—in which unnatural position they keep her for months—and if possible for years together—during which they subject her to the most odious treatment; performing with speculum, caustic, and other dangerous appliances, the most daring and indecent operations.

If, by a law of *memory* inherent in the human Brain — of which man himself

would be quite unconscious, but for his experience of its effects on his suffering body—the paroxysm of *any* disorder, when once over, has a tendency to return periodically, even without any renewal of the original cause of hurt, we can be at no loss to conceive that persons who *mentally* dwell on their diseases, would, by thus exciting this corporeal morbid memory, common to themselves and every other sick person, powerfully contribute to *perpetuate* the recurrence of the paroxysms in their own case—in some instances *usque ad infinitum*. The constantly recurring belief of the existence of disease in any structure—even when in the first instance erroneous—is of itself, after a time, quite sufficient to create such disease in a great number of persons. By the repeated and re-repeated concentration of the organ of thought on any part supposed to be diseased, not only the Brain, but the Nerves leading from the Brain to such part, are necessarily all more or less alternately excited and exhausted in an unusual manner;—and hence the consequent diminution in the part at first only suspected to be disordered, of that cerebro-nervous force, without which no organ of the body can long maintain either the integrity of its structural condition, or perform its functions in a normal manner. But nowhere is this constantly fixing of the mind on any kind of disorder more injurious than in the case of disorders of *hidden* parts. Diseases of the Brain, Heart, Lungs, and Stomach, are daily brought on in this way among all classes of people; but more particularly among the easier classes, who, having much time on their hands, too often contrive to worry their heads by constantly imagining such diseases, and thus of necessity in many instances bringing them on. But in the case of diseases of the Reproductive Organs, so great in my experience has been this

disturbing power of the mind, I deliberately state it here as my conviction, that no other cause—whether physical or mental—has more frequently in young people given rise to insanity in both sexes. If this be true in the case of the *male*, what treatment can possibly be worse than a treatment that for months together keeps the mind of the female thus constantly and miserably fixed on a class of organs completely beyond the sphere of her vision? By the people to whose practices I have just alluded, a woman is told all possible and impossible things—things the most frightful that imagination can conceive—to cure which, forsooth, she must lie on her back for months. And if this oracular sentence be enforced by two or more of their number, acting in consultation—Anglicé in *collusion*—the weak creature believes accordingly. From that moment she is the dupe and the victim of the most unprincipled scoundrels, many of whom, by mixing up religion with their medical cant, contrive to bring some of the richer class of women to such a state that they become annuities to those impostors throughout the greater part of their most unnatural and most miserable lives.

If I except *Cancer*—a disease over which, in accordance with an organic law of the female economy, I have elsewhere stated at some length, medicine has little or no curative power—I scarcely know a disease of any organ of the body, whether of woman or man, that if curable by *local* medicines, will not yield to the same medicines when taken into the stomach and acting through the Brain and Nerves on the entire constitution. Does not mercury salivate, opium send to sleep, ipecacuan produce vomiting, and Bark cure a fever when applied to *any* part of the body where the skin happens to be simply abraded? If, in common with these medicines, then, every medicinal ~~force~~

will produce its own peculiar *local* effect, *when swallowed by the mouth*, why, in the case of "uterine disease," of all others, should any woman submit to the local application of any remedy that cannot be used thus without the odious manipulations of the persons whose conduct, every right mind, when properly instructed, must deprecate? But, as a matter of fact, these manipulations, so far from curing any disease of the womb or its appendages, have actually set up in the sound structure a very large share of the possible diseases for which these people pretend to apply them; and some of the disorders thus set up, too frequently cease only with the life of the victim. Men of England! if you only knew what your wives and daughters needlessly—mark that word!—*needlessly* experience at the hands of those ruthless cheats, your brows would burn with shame and indignation. How such brutality as these creatures practise ever came to pollute our shores, is one of the miracles of the times. A proper feeling in the minds of our women should have preserved them from the humiliation and torture to which they have been subjected; while Englishmen of all ranks should have united, long ere this, to expel from the land the sordid wretches who first introduced the grossness and indecency of the hospitals of Paris to the houses and hearths of a too-confiding nation!

The following most just reflections on this very subject are from the pen of a woman:—

"The doctors are for ever ringing the changes on *Female Diseases*, as though we were not male and female of the same species, the same organic structure, the same in our circulatory, respiratory, secretive, and sentient mechanism, subject to the same general laws of health, and life, and exposed to the same penalties when these laws are either wittingly or ignorantly violated. Do not we in com-

mon suffer from chills and fevers, with all their general or local developments? Whence then these asserted distinctive '*Female Diseases*?' God has given a woman a constitution, and vitality, notwithstanding her peculiar functions, as capable of enduring exercise and fatigue, and of resisting and overcoming diseases, as he has bestowed upon her helpmate, man. In looking upon the active class of mankind, I see as many complaining and inefficient men as women; as many consumptive males as females; and in so far as my observation extends, I see more women of seventy and upwards, than of the '*stronger sex*;' and amongst the aged, the women—who have passed through the pains of many child-bearings—retain their faculties of body and mind longer and better than the men. How could these things be if woman were the feeble creature she is taught to think herself, and if her hold on life is so precarious as many supposed wise men assert and teach? The present—would to God we could say the *past*—system of education is the bane of woman, and consequently of the human race. We are weakened, dwarfed, deteriorated, both physically and mentally, by a mawkish, false, reprehensible delicacy and refinement of habit and action. When slightly indisposed, '*the doctor*,' instead of referring our ailments to the great generic law of all disordered action, assumes at once that our womanhood is, in some mysterious manner, at the bottom of it; he looks at *the effect*, which he blindly mistakes for the cause, and overlooking *the cause*, we are subjected to a series of misdirected efforts miscalled remedial: whereas, would he but look upon us as specimens of one half of the *genus homo*, and treat us in accordance with the true principles of all rational practice, he would see his nosological hobbies disappear with the correction

of the disordered action of the general system. Woman is daily doctored to death, because she is *woman*; nor is it understood that her health is dependent on the same general laws that govern the physical condition of the other half of humanity. I have long felt these truths, and have lived in accordance with their teachings; but I despaired of ever seeing them recognized by the members of the Medical Faculty;—they all seemed so obstinately wedded to their old theories, so wilfully deaf to the voice alike of common sense and of philosophical argument, and so obstinately blind to facts, which nothing but a perversity of perception could overlook. About two years ago, I became possessed of a book, entitled the '*Fallacies of the Faculty, with the Principles of the Chrono-Thermal System of Medicine, by Samuel Dickson, M.D., of London; with an Introduction and Notes, by William Turner, M.D., of New York.*' This work must be widely known, as my copy is one of the thirteenth edition. The American editor dedicated this invaluable work to a woman; and it should be in the hands of every woman in this 'doctor-ridden' world. There is reason and common sense on its every page. It opposes the life-destroying practice of *bleeding*, which it proves to be a breaking up of the life powers—an interruption and reduction of the vital forces. It proves the fallacy of treating each local development of disorder as a separate disease; and teaches that the true treatment of the sick is to restore and sustain the general PERIODICITY of the WHOLE SYSTEM."—*Lydia Jane Pierson, in the Anti-Lancet.*

A terrible error prevails at this moment in the minds of the English public—the error of trusting to persons who write books on "particular diseases." To a man, these "specialty" doctors, as they call themselves, are little better than

exceedingly specious charlatans, who, for their own especial benefit, mystify and mistreat their victims in every imaginable manner. If the pathological seat and source of the great family of so-called "local complaints," be, as we have seen, not in the various *localities* from which such complaints take their name, but in the Brain and Nervous System, without which the word "pathology" would be a misnomer—what can be expected from men whose treatment, being for the most part *local* in principle, is obviously directed to the wrong quarter of the body—the local disease not being the *beginning*, but the *end*! And not only do these people select the wrong *place*, but they address themselves, for the most part, to the wrong *system* of that place—to the sanguineous, instead of the pathetic system—applying leeches, and such like, locally, when they ought to be strengthening the general constitution by remedies, that through the brain and nerves influence, in a favorable manner, every part of that unity which we find in the body. By such remedies only can the great majority of these disorders, in reality, be cured. Scarcely one of these complaints will yield to mere local measures. Take the case of the *Skin*, for example. Who, with any experience of diseases of that tissue, would trust to merely local measures?—The remedies that cure cutaneous diseases are the remedies that cure *Fever*—remedies that act on the pathetic source of the whole tribe of so-called local diseases—such as Bark, iron, &c., which, instead of being locally applied are introduced into the body by the mouth and stomach. What are the local measures generally used by the specialists?—leeches that exhaust the reparative material of the part to which they are applied—blisters, which instead of soothing, irritate its pathetic nerves—mercury or iodine or nitrate of silver, in such modes and forms,

that the whole health of the sufferer is thereby more or less irritated and deranged. Local measures then—especially the local measures employed by the specialists—more generally aggravate than ameliorate the case—procrastinate instead of quicken the cure. In the decline of the Roman Empire there was a special doctor for every part of the body; the fingers and toes having each their separate doctor! We have nearly come to that pass here. Never was medical corruption more rampant in England than at this moment. Go where you will, whether among the highest or the lowest ranks of the profession, all is quackery and sham; and no persons push fraud to a greater extent than the doctors who set themselves up as authorities in special diseases. There is no hope—there can be no hope for the sick, till the sane and sound awake from their lethargy—till the laity learn to know and think for themselves!

The present routine treatment of Palsy by leeches, blisters, setons and issues, is a mistake throughout; the present routine treatment of Apoplexy and Epilepsy by the same "painful and loathsome" means, is also a complete mistake; the present routine treatment of diseases of the Chest—heart and lung disorders, for example—is, with a few exceptions, a series of mistakes. What merely local remedy can reach the Heart? Through the Brain only can we influence this organ in any manner; and the same, as we have seen, may be said of the Lungs and assimilative apparatus. Almost every measure advocated by the writers on Asthma and Dropsy, aggravates these disorders. Those writers never dream of their true source—the Brain. If, in the case of "Diseases of the Joints and Spine," quinine and iron, by their action on that organ, can cure these so-called local diseases, why may not the same remedies be employed with equal benefit in Palsy, Apoplexy, and Diseases of the

Chest! In all three disorders I find Dr. Todd, at humble distance, and without acknowledgment, aping my practice, in that respect. But years and years before Dr. Todd imagined such a thing possible, numerous cases of all three diseases yielded like magic to the same remedies when prescribed by myself. Cases innumerable could I give here of cures of Palsy, Apoplexy, and Chest Disease, by quinine, iron, and other purely *febrifuge* means. Just look at the result of the usual sanguinary measures in Palsy, Epilepsy, and Apoplexy!—death, or worse than death—sufferings mental and physical, for which, to both the patient and his friends, death would be a happy relief. By curing the Fever—the fitful, repetitive constitutional Fever, which originates and keeps up every one of these affections—every one of them may be more or less ameliorated, and many of them completely cured.

To prove how wrong the profession all throughout Europe have been in their treatment of Apoplexy and Palsy, by exhaustive measures, and how cruel and unmanly have been the attacks made upon myself, for advocating a treatment the very reverse, I know not that I can do better than give here a case that occurred in the practice of a Belgian military surgeon, where the patient was treated after *both* fashions. A cure here was the effect of Quinine, accidentally employed! But let the case, as it appeared in the *Medical Times*, speak for itself:—

"HEMIPLEGIA CURED BY QUININE.—Dr. Midavaine, garrison surgeon at Liege, has published the particulars of a case of *Hemiplegia* (Palsy of one side), following an attack of APOPLEXY, and accompanied by *intermittent* cerebral pains (pains in the head), which he treated successfully with large doses of Quinine. This patient was a soldier, thirty-six years of age, of a very nervous and impoverished constitution, lymphatico-bilious temperament,

and slightly developed muscular system. His parents were healthy, and he himself had never been ill previous to his becoming a soldier in 1823. In the month of April, 1841, he was seized with Apoplexy, which was followed by Hemiplegia, and difficulty in speaking. For *two months* preceding his admission into the military hospital he was treated [though of a very nervous and impoverished constitution!] by *bleedings*, blisters, pediluvia, &c. When seen by Dr. Midavaine, besides the symptoms just mentioned, he had a full hard pulse, formications on the paralytic side, and severe continued head-ache, extending transversely from one temple to the other, the face drawn on one side, complexion yellowish, and complete nervous depression. *Bleeding* [again!] blisters, sinapisms, pediluvia, frictions along the spine, &c., were employed, *without* advantage, for nearly *three weeks*, when the head-ache became *intermittent*, occurring only from seven or eight in the evening until midnight or four in the morning. The administration of twenty grains of *Sulphate of Quinine* was followed by the cessation of the pain for two days; but it re-appeared on the third, when thirty grains of Quinine were given—the pain ceasing, and motion returning in the hemiplegiac (paralysed) extremities. A slight return of the pain having been experienced in a few days, forty grains caused its complete removal, and the RESTORATION of the SPEECH, and MOTION to its normal condition. The removal of the pain was, in this curious case, clearly owing to the exhibition of the Quinine;—but its *modus operandi* in curing the hemiplegia is very difficult to explain.” — *Medical Times*, July 15, 1843.

Does the reader require to be told that the Paralysis in the above case being the functional development simply of an intermittent febrile affection of the whole

body, very naturally yielded to a remedy which cured that Fever, and thus restored the corporeal integrity to its normal condition? Yet here, even in 1843, we find the Editor of a London Medical Journal expressing his inability to explain how Palsy could be cured by one of several febrifuge remedies, recommended for that disease, not empirically, but on principle, by the writer of these pages, so far back as 1836!

Up to a very recent period, it was the all but universal belief of the medical profession, that almost every kind of Palsy, not immediately traceable to some *local*, mechanical cause, depended on “PRESSURE ON THE BRAIN.” And such theoretical “pressure,” in the majority of cases, they attributed either to the real or imaginary *fulness* or *rupture* of some cerebral blood-vessel, and the escape of blood therefrom; or to the real or imaginary “effusion,” or superfluity of the watery fluid called “serum,” which in a state of health, lubricates, at all times, certain parts of the brain. Whether a man suddenly or slowly chanced to lose the *muscular* or *sensific* power, or both, of the greater part of one side of his body, for example, his medical attendants were sure to ascribe his disease to *Apoplexy*—Apoplexy “serous,” or “sanguineous.” In the great majority of cases this belief was a mistake. But even if it had been correct, the practice it suggested, whether in principle or detail, was wrong throughout—that terrible practice which afterwards will scarcely credit could have been the orthodox treatment of any age for any complaint whatever. Bleeding, leeching, cupping, purging, starvation,—mercury, till the teeth shook in the sockets—blisters, setons, issues; these were the invariable measures suggested by either view of the case, and resorted to with a heroism which no corresponding amount of mortality—no expe-



rience of their bad effects, whether in private or hospital practice, tended in the very least to stop! School-bound to a man, the only question on which, for centuries, medical practitioners would occasionally differ when discussing the treatment of paralytic disease, was in the mere *degree* to which this treatment should be carried. Nobody ever once doubted the correctness of the *principle* of the treatment itself, whatever differences of opinion might arise as to the matter of detail. And yet, as statistics now show—statistics first suggested by myself years ago when denouncing the treatment—this orthodox practice, from beginning to end, was an hourly and daily aggravation of the patient's condition. No matter what the real or imaginary state of the Brain, on which *Palsy* depends—no matter whether depending on “pressure,” or the reverse of pressure, this treatment of paralytic disease—as by facts and arguments I was the first to show, and as statistics now prove—was utterly and entirely wrong! Few, very few indeed, are the cases of Paralysis which depend solely on a mere *mechanical* cause; and of those where fulness or emptiness of the blood-vessels of the brain may be supposed to present a subject for serious discussion, Paralysis, in the greater number of instances, so far from being the effect of *fulness*, will be found to proceed from a positive *paucity*—or what is much the same thing a *deteriorated condition*—of the vital fluid, and a consequent debility, not only of the brain's structure, but a debility of every other organ and atom of the frame of the patient.

Who are the subjects of paralytic disease? Who principally suffer from paralytic attacks? Do we not daily meet with cases of Palsy, brought on by sudden mental emotion—by fear, grief, and even joy? Now what is the general temperament of persons most subject to be

acted upon by mental impressions? The *nervous* temperament assuredly. Quick, delicate, mobile persons, are certainly the first to be affected by paralytic diseases; and this nervous temperament may actually be brought on in anybody by long suffering from any other disease—such as consumption and the like—and more suddenly by loss of blood. *There is no form of Palsy that loss of blood has not of itself produced!* Mark that, gentlemen of the schools!—mark that! Cases innumerable could I give you, where Palsy has been the immediate result of venesection—venesection, the practice to which you routinists invariably resort when called to a case of Palsy where the face or forehead of the patient is hot and flushed. But, even in so far as regards the supposition that Palsy *must* depend either on an effusion of “blood,” or an effusion of “serum,” on the brain, how is this, as a general rule, borne out by facts? On the *post mortem* examination of paralytic subjects, sanguineous effusion on the brain is occasionally met with—effusion caused by the rupture of some blood-vessel, partaking of the universal debility of the patient's brain and body; but more *frequently* there is *nothing of the kind* to be found! The “vascular fulness” and “congestion,” too, so often set down in your reports of such dissections as the “cause of the Paralysis,” may be observed in thousands of cases where no Paralysis existed during life. You may find the same “vascular fulness”—you may find the same “congestion” in the brains of people who have suddenly died from Paralysis *caused* by loss of blood! The same may be said of “serous effusion.” Serous fluid has been found in large quantities on dissecting the brains of animals bled to death! Indeed, so far as regards “serous effusion,” I am quite satisfied in my own mind that it never could be the cause of PALSY at all! With all my expe-

rience of such cases, "serous effusion," where I have observed it, has appeared to me to be one of many coincident results of a great constitutional debility, involving the substance of the brain itself; a debility which, as in the case of dropsy of the abdomen, was, doubtless, in no small degree produced by the heroic measures, whether by depletion, mercury, or both, mistakingly used for its cure! The number of patients that formerly fell victims to this kind of practice is beyond belief. Such was the force of early school discipline on the minds of medical men, no amount of ill success, in after years, could open their eyes to the fatality of their practice. In vain, from time to time, cases came before them where the patient, being one day better another worse, it was an utter impossibility that such *intermittent* symptoms could depend on any cause of a *persistent* kind; practitioners, one and all, were still, each and every of them, haunted by one or other of those bugbears—san-guineness or serous effusion. Now and again, when the doctors happened to meet with cases where the symptoms were so decidedly intermittent and periodic, that the patient would be sure to have the use of his palsied leg or arm for days together, and lose it again on a particular day, and at the same hour of the clock, a gleam of better reason would steal upon them through the general gloom with which the subject was shrouded. In that case, undoubtedly, the doctors would be induced sometimes to try iron or quinine—vaguely associating the disease in their minds here with Ague, and as vaguely attributing the periodicity of symptoms to the then only recognized cause of all periodicity—"malaria," or "marsh miasma!" When, on the other hand, such remissions or intermissions were partial only—and of course less strongly marked—in the face of the worst results,

even so far as the Palsy was concerned—one and all, with a blindness inconceivable, continued to pursue the usual routine of bleeding, leeching, cupping, calomel, mercury, blisters, and setons, till the poor patient either died outright or was on the brink of the grave; such partial and incomplete intermissions never once suggesting a doubt as to the orthodox conduct of the case! Till I first published the "*Fallacy of Physic as Taught in the Schools*," the profession never dreamt of such a thing as *functional* Paralysis. They had no suspicion that Palsy could depend upon pure *weakness* of the *substance* of the *Brain* itself—such weakness being often *tidal* simply, coming and going very periodically, like the *tic* or the toothache; though often, like these diseases, persistent for long periods—but curable, nevertheless, like many such cases—on the principle of improving the general health of the patient by "tonic remedies"—in other words, by treating him with *quinine*, iron, and other chrono-thermal means. The general treatment of these cases at this very hour, I am sorry to say it, is little better than wholesale murder!

Having stated all I have to state here on the subject of Palsy, I may now make a passing allusion to another class of diseases which, though not generally supposed to have any connection with that disorder, are nevertheless very often found in close connection with it—I mean Gout, Dropsy, and Diabetes—all three, like paralysis, being frequent diseases of old people.

Addressing themselves to the end, instead of the beginning, certain modern physicians, under the leadership of Drs. Garrod, Bright, and Bence Jones, will have it that the pathology of these diseases can only be learnt from a series of experiments performed with the test-tube and the crucible. And, accordingly, those gentlemen think themselves very wise when they submit the subjects of these diseases to a course

of acids and alkalis, on what they call "chemical principles."—The cause of *Gout*, for example, these physicians tell us, is "lithic acid in the blood;"—as antidotes to which they give alkalis—medicines which cease to be alkalis before they can enter the circulation—being actually neutralised by the acids of the stomach as soon as they enter it! But none of these doctors tell us what *causes* this "lithic acid in the blood." I will tell them!—The lithic acid here, like the swollen joints in the same disease, is developed during a fever-fit—it is the result of a remitting fever, having its beginning in the Brain!—a fever-fit, which, like a fit of Epilepsy, or a fit of Palsy, may be cured or caused by the passions fear or joy—the "lithic acid" in the one case departing, and in the other re-appearing under the influence of this revolution of the Brain! And the Brain is also the primary organ involved in the Fever that causes Dropsy and Diabetes. Cases of "*Intermittent Diabetes*" and "*Intermittent Dropsy*" now, for the first time, begin to find a place in the medical journals. But there never was, nor can there be, a single case of any of these diseases which did not and does not remit from the commencement to the close! With all their *tests* and other finical experiences, the chemical doctors have yet to learn this much, at least. Like the doctors who seek the pathology of disease in the dead-house, these chemical physicians are one and all of them on the wrong road. Being the unquestionable *developments* of a great general remittent febrile or nervous disorder, beginning—where all pathology begins—in the Brain, Gout, Dropsy, and Diabetes, can only be successfully treated by Bark, Iron, Opium and other remedies, which, like the passions and emotions, influence the all-dominant Brain and nervous system—not in a chemical, but in an *electrical* manner! Deductions drawn from the

*destructive* chemistry of the inorganic crucible, are utterly inapplicable to the *conservative* chemistry of the organic living body. Heberden, by far the best of the old writers, laughed to scorn the fancies of the chemical doctors; and in our own day the late Sir Astley Cooper agreed with me in my expressed contempt for the doctors of this chemical school.\* Every measure these people recommend in what they call their own "specialties" is a mistake—witnessed by the worse than nugatory results of their remedies in the diseases they pretend to treat—on "chemical principles!" But what of that? The more blunders these practitioners make, the better the case pays; so long, at least, as the world will reward the doctor, like the lawyer, most highly for—procrastination! In both professions *now*, procrastination, instead of being the "thief of time," is "the soul of business." The race in both is to the *snail*! How, under such circumstances, can either the science of law or medicine progress?

When we reach the month of September of this present year, 1856, exactly twenty years shall have passed away since I first announced to the medical world the possibility of very successfully treating all curable diseases without taking one drop of blood. To the profession that "fact" was at first inconceivable. Statistics are now with me. We have now certain statistics in two diseases at least, which even at this time numbers of very honest men will not believe can be successfully treated without blood-letting—Apoplexy and Pneumonia—Apoplexy and Inflammation of the Chest.

What say the statistics of Apoplexy? Dr. Copeman transcribes from his note-

\* "DEAR SIR.—I thank you most sincerely for your valuable work [the *UNITY OF DISEASE*]. I have not the least objection to being *unchemical*, if I can be *useful*; and I agree with you that the living stomach is not a Wedgewood mortar.—Yours truly,  
"Dr. Dickson." "ASTLEY COOPER."

book no less than 250 cases. The following are the results:—

Number bled	.... 129 ..	Cured .. 51	Died .. 78
Number <i>not</i> bled	.. 26 ..	Cured .. 18	Died .. 8

Which show that in cases where bleeding was practised, two out of three died; whereas in the cases treated without blood-letting, more than two out of three recovered!

How speak Statistics in Pneumonia—Inflammation of the Lungs? Disgusted with the fatal results of bleeding and tartar-emetic in this remittent Fever of the chest—for Pneumonia, like every other supposed local affection, is a mere development of remittent *Fever*—Dr. Dietl, physician to one of the district hospitals at Vienna, determined to try simple ptisans, without blood-letting at all. The comparative results, in a very large hospital practice, were the following:—Of patients *bled*, 20 and a fraction out of every 100 died; of patients *not bled*, only 7 and a fraction per cent. gave up the ghost; showing a balance of three to one against blood-letting! But when treated after my own manner, with febrifuge remedies instead of ptisans, Pneumonia will be found to exhibit results even more satisfactory than those of Dr. Dietl; and when chrono-thermally treated, Apoplexy also will assuredly give a greater per centage of recoveries than we find in the statistics of Dr. Copeman, where bleeding was not employed.

The first English physician who showed any decided leaning to the views I have placed before the reader of these pages, was Dr., now Sir Henry, Holland, one of the Queen's Physicians in Ordinary. In his "*Medical Notes and Reflections*," published in 1839, there is a section headed, "On Morbid Actions of Intermittent Kind," wherein the medical Baronet did me the honour to adopt the greater part of the doctrines which had so startled and astonished the profession in 1836—

and which a second time, in 1838, had still further outraged all their received ideas of disease and its treatment. In 1839 Sir H. Holland adopted this much, at least, of the Chrono-Thermal System: he adopted the doctrine of the Unity and Intermittency of Disease. He adopted the dictum that Fever is the bond that associates together numerous forms of disorder hitherto supposed to be quite separate and distinct in their nature. He admitted attention to Time and attention to Temperature to be the true guides to all good practice.—And in allusion to the sanguinary treatment of Brain affections—then and now too prevalent—he wrote as follows:—

"Is not depletion by *Blood-letting* still too general and indiscriminate in affections of the Brain, and especially in the different forms of Paralysis? I believe that the soundest medical experience will warrant this opinion. The vague conception that all these disorders depend upon some INFLAMMATION OR PRESSURE which it is needful to remove, too much pervades and directs the practice in them;—and if the seizure be one of sudden kind, this method of treatment is often pursued with an urgent and dangerous activity." \* \* \* \* "Theory might suggest that in some of these various cases, the loss of blood would lead to mischief. Experience undoubtedly proves it; and there is cause to believe that this mischief, though abated of LATE YEARS, is still neither infrequent nor small in amount."

Through what influence this abatement "of late years" had taken place, Sir H. Holland did not think it necessary to say. But thus also in 1839 he wrote on the subject of *Temperature*:—

"The patient may almost always choose a temperature for himself—and inconvenience in most cases, positive harm in many, will be the effect of opposing that

which he desires,—his feeling here is rarely that of theory—though too often *contradicted* by what is *merely such*. It represents in him a definite state of the body—in which the alteration of temperature desired is that best adapted for *relief*, and the test of its fitness usually found in the advantages resulting from the change. This rule may be taken as applicable to all fevers—even to those of the *exanthematous kind*—[meaning thereby, small-pox, chicken-pox, measles, and scarlet fever].

Hear Sir Henry Holland on the *Unity and Febrile Nature of Disease* :—

“ It will probably be one of the most certain results of *future research* [a prediction *after* fulfilment the most ample, repeated, and re-repeated !] to *associate together*, by the connexion of causes of common kind, diseases *now* regarded as *wholly distinct* in their nature, and arranged as such in our systems of nosology. This remark applies very generally through *all the genera* of Disease.” \* \* \* “ We can scarcely touch upon this subject of FEVER without finding in it a BOND, with which to associate together NUMEROUS FORMS of disease, but withal, a knot so intricate, that *no research* has *hitherto succeeded in unravelling it*.”

No research has hitherto succeeded in unravelling it ! Could that be your belief, Sir Henry Holland, with a work elaborately writing all disease by that “bond”—to wit, the “*Unity of Disease*”—in your hands ?

Pass we to Sir H. Holland’s views on the subject of *Intermittency*, as a guide to medical treatment :—

“ Has sufficient weight (Sir Henry asks) been assigned in our pathological reasonings to that principle which associates together so many facts in the History of Disease—namely, the tendency in various morbid actions to distinct INTERMISSIONS of longer or shorter duration, and more or less perfect in kind ?

The subjection of so many diseased actions to this common law *establishes relations* which could not have been learned from other sources, and which have much value even in the details of practice.”

Much value even in the details of practice ! The discovery of these “relations,” Sir Henry Holland, has revolutionized the entire practice of medicine ! Before the discovery of the universality of this law of paroxysm and “intermission of longer or shorter duration, and more or less perfect in kind,” had “established relations which could not be known from other sources,” Medicine was a Moloch that destroyed indiscriminately the old man, the young man, and the infant at the breast ! Long after these “relations” were established by me in 1836 and 1838, long after you yourself, Sir Henry Holland, brought them out in your first edition of 1839—years and years after all these dates, what was the London medical practice ? Witness Dr. Watson’s treatment of Apoplexy in 1845. Witness the same eminent physician’s treatment of a “weakly” child, when suffering from Hydrocephalus—a Fever of the Brain, where the intermissions, according to his own showing, are so perfect and distinct, that the infant exhibits an “amendment, almost amounting to “convalescence,” and “appears to its anxious parents to be recovering !” Instead of prolonging this invaluable periodic intermission from suffering to a cure, as you would prolong the interval between the paroxysms of an Ague—that type of all disease—by Bark or Iron, Dr. Watson quietly folds his arms, shakes his head, and grimly predicates death to the child, and desolation to the mother—having taken every care, by his own savage practice during each recurrence of the paroxysms, to verify the prophecy ! Not in Apoplexy only—that disease of advanced age—not in Hydrocephalus only—

that disease of the infant—but in almost every other disease on which he writes, Dr. Watson recommends the same destructive system. In the case of Pneumonia—inflammation of the lungs—a disorder for which his quondam colleague, Dr. Todd, as we have seen, has not for some years back bled at all—Dr. Watson says,

“A vein may be opened, if necessary, *two or three times in the twenty-four hours.*” \* \* \* “When the fever is no longer high, and the skin no longer burning, but the expectoration is still difficult, the dyspnoea [difficulty of breathing] considerable, and a sensation of pain or tightness, or oppression is experienced, in the chest [which all his bleedings have not in the least subdued!] then a *large blister* is often productive of very sensible benefit; but it should be a large one. The patient should have a *waistcoat* almost, or at any rate, a *breast-plate of blistering plaster* [should in other words be flayed alive!] I have never seen (Dr. Watson naïvely adds) such good effects from placing blisters upon distant parts in this disease—upon the thighs or arms for instance [!!!], as would lead me to plague the patient with them in those situations.”

So much for Dr. Watson's treatment of Disease, as laid down in the edition of his *Practice of Physic*, published in 1845. Yet such is the pertinacity of error, the man who writes this rubbish is held to be the first of modern medical authorities; while the Book in which he still advises such terrible practice, is, to this hour, by the apothecaries of the metropolis, extolled as a model and a miracle of professional wisdom,—and in almost every school and university throughout the country, it is still required to be read by candidates for the medical degree!

Of all the many forms which disease may assume—in one solitary complaint only—the Ague—did the profession, till

of late years, endeavour with bark or iron to prolong to a cure those “intermissions, more or less perfect in kind,” which we have seen are common to the whole catalogue of human suffering. Utterly and entirely ignorant of the universality of this law of periodic remission and return,—instead of hailing the repeatedly recurrent immunity from suffering as a God-send, and by remedies preventive of the paroxysm taking advantage of it to stop all renewal of the disease,—the medical people to a man stood stock-still, and looked on with the complacency of infants during these intermissions, which, according to Sir H. Holland, have so “much value in the details of practice.” But with every recurrence of the Fever-fit their activity recommenced; then the doctors, one and all, at once proceeded to bleed and bleed, leech and leech, purge and purge,—repeating and re-repeating this with every fresh fit!—and when in spite of all this, and more than this, the patient got worse, every and each of them next blistered and mercurialized their victim either till he died outright or till his life was at the lowest ebb—to conquer what they believed to be a return of “inflammation,” “pressure,” or “congestion!” Till within the last few years, what knew the great mass of the medical people about paroxysm and remission as a law of all disease? What knew they of the “tendency in various morbid actions to distinct intermissions, of longer or shorter duration, and more or less perfect in kind?” What knew they of the “bond with which to associate together numerous forms of disease”—“Fever”—Intermittent Fever—AGUE?

In every text-book extant up to 1836, and long afterwards, so far from being recognized as a *law* of all disorder, Periodic Intermission and Return are declared to be an *exception* to the whole history of disease! Even while himself compliment-

ing Sir H. Holland on his "*Observations on Morbid Actions of an Intermittent kind*," as they appear in the *Medical Notes and Reflections*, Dr. Watson, in his "*Practice of Physic*," still maintains that there can be no Periodicity without "malaria." With Dr. Watson "malaria" is "the sole cause" of all Periodic disorders! To the last this eminent physician holds by the belief of the old school.

The great doctrine of Temperature and Time, however, having at last, in the face of much opposition, been very generally admitted to be true, the question now comes—To whom belongs this Chrono-Thermal discovery—this doctrine that Temperature and Time are the only certain guides to all rational and sound medical treatment? To Sir Henry Holland, or to the writer of these pages? If to any other, let him speak! Vilified and misrepresented by the medical press of the country, as the most ridiculous heresy of modern times, the Chrono-Thermal Discovery, on each of the two occasions I brought it out, proved anything but a source of gratification to its author. I was, therefore, I confess, not a little agreeably startled to find so much of my own doctrines received with such complacency by Sir H. Holland, in his observations "on Morbid Actions of an Intermittent Kind," as they appeared in his *Medical Notes and Reflections*, in 1839; but the disappointment which followed, when I saw no mention of my name in his volume, determined me at once to send the writer a copy of the "*Unity of Disease*." A simple note of thanks told me of its receipt. It now became clear to me that Sir H. Holland wished to appropriate to himself the merit of a discovery that was even then beginning materially to change the medical practice of England. Being at the time engaged in writing the "*Fallacies of the Faculty, with the Chrono-Thermal System of Medicine*," I took care

therein to bring the conduct of the court physician before the world; and as soon as my charge of plagiarism was in print, I thought it only just to send a copy to Sir H. Holland himself. A letter bearing his signature and marked "private" came to me shortly afterwards by way of "explanation;"—but it contained no explanation whatever—it was very full of civility, and fuller still of mystification. What right had Sir H. Holland, in the position of a man charged with a mean act to address a "private" letter to the person who publicly denounced his conduct, in the expectation that his communication would be held as confidential! I never was his confidant; on the contrary, I was his accuser. At the bar of the profession—the extent of whose corruption I did not then know—I had openly charged Sir H. Holland with scientific larceny—quoting in my printed charge the passages of his book which appear in these pages—and stating at the same time the dates of our respective publications in proof. Nevertheless, I have refrained from publishing his "private" letter. But this was what I said in my reply:—

"If to YOUR OWN observations solely, or to the works of OTHERS, you, Sir, owe the sentiments expressed in the quotations I made from the *Medical Notes and Reflections*, I shall be too happy to retract any remarks of mine that may appear harsh or any way unfair. If, on the contrary, the passages I have quoted from your volume were SUGGESTED by MY writings, I think it would be creditable to yourself, and just to me, that you should still say so. In either case, I shall be glad to publish, in my next lecture, any statement you may wish to make to me on the subject."

Sir Henry Holland's rejoinder was as great a curiosity as the private letter with which he first tried to talk me over and bind me to silence. Scrupulously evading all reply to my question thus clearly and

categorically put, in respect of the *authorship* of the Periodic and Febrile doctrine of all disease, Sir Henry again adopted a style of friendship which it was impossible for me to believe sincere. Reader, this letter *not* being marked "private," I make no scruple in giving its concluding paragraphs here, with a few running comments of my own:—

"Without expressing *any opinion* upon the General Doctrine *you* propose [I asked *no opinion*. I asked a *question*!], I may simply state, that no closer relation occurred to me between *this* and any passages I recollected in my own volume, than might naturally be expected on points **WHOLLY SUBORDINATE TO YOUR LARGER CONCLUSIONS** [a most important *private* admission which he has never yet *printed*]. To the few sentences you quote *taken from amidst old notes* [By whom made, and from what author?], I attach importance only as briefly expressing what I think to be true, and as bearing upon the topics under discussion. I did *not introduce* them as *new views* [another important *private* admission on the part of one who, with silent complacency, sees them daily placed to his credit, by his friends, in the medical journals!], nor dwell upon them farther than as *subservient* to those topics.

"I feel assurance that you will be satisfied on these points. But, nevertheless, I do not avail myself of your kind offer to retract anything in your lecture [That offer rested on a condition as yet unfulfilled—a specific answer from him on the score of the authorship of the "views" in question]. I may repeat (what I said before in perfect truth), that I feel at any time most anxious to avoid any sort of controversial publicity [To provoke controversy is not the best way to avoid it—all delinquents, whether morally or legally such, shrink from publicity and the Old Bailey!]; and I shall be satisfied in knowing that this topic will not come again into print in the same light [No doubt!]. It gives me pleasure to know that you find

anything of truth, or useful *suggestion*, in what *I have published* [Where did I ever express myself thus?]; and I shall feel gratified by any opportunity which may hereafter occur, of talking with you on these subjects of common interest to us, *out of print*.

"Ever, my dear Sir, yours faithfully,

"H. HOLLAND."

Such is the pith and marrow of a letter Her Majesty's Physician in Ordinary thought it no degradation to address to a writer who had publicly charged him with the meanest thing of which a man can be guilty—literary larceny!

The reader may be curious to know how Sir Henry Holland demeaned himself towards the same accusing spirit when an opportunity did "hereafter occur" to have a little pleasant chat "on these subjects of common interest to us, out of print." The very first time he was asked to meet "us" in consultation, he declined! And more clearly to mark his determination to avoid any "controversial publicity," on the score of "the General Doctrine *you* (we) propose,"—to wit, the doctrine of the Periodicity, Intermittency, and Febrile Nature of ALL Disease,—it was Sir Henry Holland's further pleasure utterly and entirely to ignore the "proposer" of that doctrine on two subsequent and separate occasions when he, Sir Henry, had the best opportunity of doing "my dear sir" that justice in public, he had, to a certain extent, though reluctantly, done him in *secret*. Having written and despatched that letter, he ought never, in common decency, to have published a *second* edition of his work without therein acknowledging openly, in the true spirit of "ever, my dear sir, yours faithfully," as he had already in his letter acknowledged secretly, that he, Sir Henry Holland, did "*not introduce*" his observations "*On Morbid Actions of Intermittent Kind*," as "*new views*; nor dwell upon them further than as *subservient* to those topics"—"on points **WHOLLY SUBORDINATE TO YOUR (our) LARGER CONCLUSIONS**."



But after the actual publication of a letter containing so clear a confession of inferiority on his part, what object could Sir Henry Holland possibly hope to obtain by continuing to preserve, in yet a *third* edition of his work, the same apparent happy ignorance of a "general doctrine," which even he himself thus admits embraces one and all of his own observations "on morbid actions of intermittent kind?" What, moreover, could be the Court Physician's object while thus ignoring the existence of the only researches prior to his own in this new field, to allude at all to the subsequent researches of any other writer? Sir Henry Holland could have but one object—his own glorification—when in a complimentary note to this third edition he went out of his way to mention the "*later researches of DR. LAYCOCK*,"—a gentleman of whom more anon!

And now having got thus far on the thorny and rugged road of Periodicity and Intermittency—a road not quite so clear of marauders of the better class as might have been expected, it is time to ask this question—To whom belongs the "truth or useful suggestion" in this case? To whom belongs a discovery which has so "much value even in the details of practice?" To whose writings or reasonings must be attributed the merit of having made the best men in the profession eat their own words? To Sir Henry Holland's "*Medical Notes and Reflections*?" or to the notes and reflections contained in my two prior publications—"The *Fallacy of Physic as Taught in the Schools*," and "*The Unity of Disease*?" Was it from "amidst" these "old notes" Sir H. Holland took his ideas?—Sir Henry Holland makes no mention of any "old notes" either in his first, second, or third editions; yet he feels "assurance" I shall be "satisfied on these points." With which modest "assurance" I am perfectly satisfied—that—Sir Henry Holland is not the only man in the pro-

fession who has shown a natural turn for—*philosophic* ABSTRACTION!

Fragmentally, at least, the Chrono-Thermal theory of disease and its treatment has been adopted and pirated by many subsequent writers. Sir Henry Holland, we have seen, began his piracy in 1839. The first to follow in his footsteps was Dr. Thomas Laycock, who formerly practised as a physician at York, but who now fills the chair of medicine in the University of Edinburgh—the same Dr. Laycock, to whose "*later researches*" Sir H. Holland alludes in the third edition of his book. In 1842 and 1843, Dr. Laycock appeared in the pages of the *Lancet* as the discoverer of "*Vital Periodicity*!" Here for the first time he flourished a rod which, like Aaron's, would, in his own estimation, very quickly swallow up the rods of the two magicians who had preceded him with their particular feats in the periodical line of business!

This great discovery, as propounded by himself, ran thus:—"There is a general law of periodicity that regulates the movements of all animals."

And this discovery, to which he tagged some unintelligible verbiage about a "measure of the periods" and the "number seven," Dr. Laycock, "to prevent controversy, claimed as his own." But instead of being prevented, controversy thus provoked became the order of the day!—Letters passed and repassed in the medical journals between the writer of these pages and the embryo Edinburgh professor. The end of this tilting match was the disclaimer of his "claim" on the part of the claimant himself! Reader, contrast if you please what Dr. Laycock claimed as his own, with the following passage in his concluding letter, published in the *Lancet*:—

"Dr. Dickson asserts that it has been the labour of his life to establish the discovery of the periodic movement of all vitality—of the periodicity of life in health—of the periodicity of life in

disease—of the periodicity of movement of universal nature. Now the charge of plagiarism is all moonshine. I have never claimed the discovery of the doctrine in question, for the best of all reasons, it is probably just as old as the pyramids."

Sour grapes, Dr. Laycock! This "probability" came rather awkwardly from a gentleman who had claimed, as his own, the discovery, that "there is a general law of periodicity that regulates the movements of all animals."

Such, however, was the "claim," and such the disclaimer made by one and the same Dr. Laycock on the subject of what Sir H. Holland styles "Dr. Laycock's later researches."

Later still, on the debateable ground of Vital Periodicity, came in somewhat irregular succession—Drs. Searle, Todd, Ashburner, Sir B. Brodie, Dr. Marshall Hall, and a few minor stars, who all, without acknowledgment, have made a common property of my discoveries in particular disorders.

Everybody has heard of the "Reflex Views" of Dr. Marshall Hall; but nobody, I have ever met, could explain what the learned doctor really meant by the words. I remember asking the late Mr. Liston his opinion on the subject;—Mr. Liston's reply was, "How do I know? I question if the man himself knows what he has been writing about!" In 1850, Dr. Marshall Hall almost confessed as much. In the *Croonian Lectures*, which he delivered that year before the College of Physicians, and which he afterwards published in the *Lancet*, Dr. Marshall Hall not only expressed his own dissatisfaction at having used the word "reflex," but while thus *revoking* and throwing down his own bad cards, he made, at the same time, a most desperate attempt to appropriate my better hand! The reader may be amused by the manner in which he

tried this disreputable trick. Here are the very words employed by Dr. Marshall Hall:—

"The terms incident *excitor* and *reflex* motor have been used [by Dr. Hall himself] to designate those nerves whose influence proceeds *to* and *from* the Spinal Marrow. But they have *never appeared to me satisfactory*, and I long wished for others more expressive and explicit. The following compounds of ὅδος, *a way*, have appeared to competent judges very appropriate to our subject: esodic (ἐσω) will express the action *into*; exodic (ἐξω), the action *out of*; anodic (ἀνω) will express the *ascending*, cathodic (κάτω), the *descending* course of action; pollodic (πολυς) and panthodic (πανς) will express the facts, on which I shall shortly have to dwell at considerable length, of the action of the *vis nervosa* from each *one* point of the DIASTALTIC system, in *many* or *even all* directions, to *every* other [Dr. Hall makes the DIASTALTIC system perform the part both of *systole* and *diastole*!]. Many important facts, many important truths, will be conveyed to the mind at once by these *simple* [!] terms. Their root is already familiar to us in the word PERIODIC; and several derivations from it have already been employed in the science of his creation by the illustrious Faraday." Dr. Hall then goes on to say:—

"In various maladies, as Epilepsy and Tetanus (Lock Jaw), we have augmented excitability of the spinal centre; in all the *diastaltic* actions of remedies [What is the meaning of this?] it is the principle of renewed excitement or of *alternation* which is our guide in practice. It is this principle, the principle of alternation in the application of temperature, of relative cold and heat, &c., which should be our guide in the treatment of Asphyxia [Does it apply to any other disease, Dr. Hall?]. There is a third principle of action in regard to the *vis*

*nervosa*, which I will merely mention in this place, for it still requires investigation. A patient, once the subject of Epilepsy, is peculiarly liable to a return of the malady [Is not this the case with asthma, tic, toothache, &c.?]. Augmented susceptibility seems to have been superinduced. But the patient who is liable to Epilepsy seems to lose this susceptibility *for a time* immediately after each attack, as if the susceptibility had for that period been diminished or exhausted, the interval of comparative security being *unlike* in any two instances [I could give him cases where they have been periodic for years together, to the week or month!]. All attacks depend upon these principles of Repetition of *excitants*, and of alternation of excitability [They depend on an involuntary *memory*—which memory is a repeated cerebral perception of the original external cause]. The effects of strychnine, hydrophobia, and other congeneric affections resulting from poisoned blood [poisoned nerves?], are *Inter-mittent*, Tetanus is *Re-mittent* only! [a distinction without a difference]. Teething, and all those cases of Epileptoid Disease, in which the chief exciting cause, though it be an excitant of the nerves, is *Inter-mittent*, also leads to an *Inter-mittent* form of disease [rare grammar, this!] Have I convinced you, gentlemen, by these observations, of the *value* of these investigations in *practice*? Have I not put into your hands the clue of Ariadne, to lead and guide you through this labyrinth?"

The clue of Ariadne, Dr. Hall—How terribly *you* have tangled it in the short time it has been in your hands! It ran out infinitely more smoothly eleven years before, when Sir H. Holland first found it "amid old notes." The court physician could scarcely be aware of your claim to the prior discovery of this clue of Ariadne while himself confessing his

own use of it "on points wholly subordinate" to another writer's "larger conclusions!" Neither could Sir H. Holland have any idea then, that a certain Dr. Laycock, in after years, would first take up the same clue and hastily drop it again from his itching fingers, for the sole reason that it is, "*probably*, as old as the pyramids!"—We wonder if Dr. Marshall Hall ever read the controversy which came to such a curious finale. Then was his time to put his "finger in the pie!" Why did he not then say or sing—

In accents simple, sensible, and new—  
Have I not given you Ariadne's clue  
To lead and guide you through this Sea of Doubt?  
"Esodic" moving *in*, "Exodic" *out*.  
"These principles of Rest and Repetition,"  
"Strychnic and Epileptic Intermission."  
"The alternation which is now our guide  
Of relative cold and heat," when well applied,  
"Cathodic" and "Anodic"—"Diastaltic"—  
How chrono-metrically each and all tick!  
Or simpler still—"Panthodic" and "Pollodic,"  
Familiar in their radix *PERIODIC*—  
With several other terms whose derivation  
Comes from the School of Faraday's creation!

Why did Dr. Marshall Hall never name this clue of Ariadne till 1850?

Whoever be its real discoverer, certain at least it is, there is no lack of people who still show a wonderful hankering to harp on this particular string. So recently as 1851, thus writes Dr. C. B. Radcliffe on Convulsive Diseases in the *Medical Times*:—

"This tendency to *periodicity* in many [in all!] convulsive affections is a subject of great interest, and we must not pass it by in silence [Pass by in silence the only key to the proper treatment of all disease!]. At the same time, it is one of such obscurity that, at best, we can only hope to throw out some hints which may help to *future investigations* [How very kind of Dr. Radcliffe]. It is no difficult matter, however, to perceive that there must be some law of *periodicity in Health*; and by *investigating this*, we shall prepare ourselves to *cope with the confused and apparently anomalous phenomena* which are *witnessed in Disease*. Indeed, *this* is

the *only true method of inquiry* of which we can avail ourselves."

That is why Dr. C. B. Radcliffe would not pass Periodicity by in silence in his "Commentaries on Convulsive Diseases!" A perusal of the "*Proteus*" of the same author—the very name suggests unity amid diversity—and of his paper on "*Vital Motion*," published in 1850 and 1851, will satisfy the reader how identical are Dr. C. B. Radcliffe's views of the "Unity of Form and Force" with the views which I have been advocating for the last twenty years on this very subject! It is truly delightful to witness the confirmation these writings of Dr. Radcliffe afford to the Chrono-Thermal doctrine of alternate attraction and repulsion, and to the fact so strongly insisted on by myself, that the human body, "in its structural conformation, as in the order of its movements or events, is a *repeater* all through"—a repeater in the Brain and Nerves—a repeater in the Blood and Blood-vessels—a repeater in the Bones, Glands, and every other tissue having an anatomical name! When himself urging the employment of Bark and Iron, and reprobating the sanguinary treatment of disease, to which the announcement of the periodic theory gave so complete a death-blow, how gracefully might Dr. Radcliffe have introduced a compliment to the discoverer of the physiology which he himself has so completely adopted; and which, according to him, can alone prepare us to "cope with the confused and apparently anomalous phenomena which are witnessed in disease!" Will Dr. Radcliffe pretend he had never once heard either of the *Unity of Disease* or its author?

But no medical writer—not even Sir H. Holland himself—has yet exceeded, in audacity, a certain Dr. Robert Dundas, of Liverpool, who, in 1852—mark the date, reader!—published a work which he en-

titles, "*Sketches of Brazil, including New Views of Tropical and European Fever.*"

In 1852 Dr. Robert Dundas thus introduces his "New Views:—"

"I have *lately* looked attentively into the writings of the *best modern authorities* on the subject of *FEVER*. Here I find the various forms and the succession of the paroxysms in remittent and intermittent Fever defined with a mathematical precision unfounded in nature, and showing that the writers [the '*best modern authorities!*'] had not enjoyed the opportunity of observing these diseases as they actually prevail in different regions of the globe." \* \* \* "I would ask whether, irrespective of all other evidence, the specific power exercised by proper doses of *Quinine* [the active ingredient of the Peruvian Bark] over all these several forms of Fever does not afford conclusive proof that, in their essential nature, *these fevers are IDENTICAL, and differ only in form and degree?*"

From 1836 to the present hour, this "new" doctrine of Dr. Robert Dundas has been my own doctrine, over and over again reiterated in every publication to which I have placed my name. More particularly it is enforced in "*The Unity of Disease*," and "*The Fallacies of the Faculty*,"—which latter work has run through at least twenty editions.

Stigmatizing "malaria" as "a phantom," Dr. Dundas goes on to say—

"I apprehend, indeed, that the law of *periodicity*, or the disposition to remission and exacerbations at certain intervals, will be found to *apply more or less distinctly to all human diseases*—[the italics here are Dr. Dundas's own], to those arising in the most opposite conditions of the animal economy, and determined by morbid agents apparently the most dissimilar and opposite in their nature as well as in their results."

By way of confirmation of these "new

views," Dr. Dundas, in the same page, commences a "Parallel between Gout and Ague"—which parallel the reader, on turning to the *Fallacy of Physic, as Taught in the Schools*, published in 1836, will find anticipated to the letter!

"Behold," exclaims Dr. Dundas, "behold the citizen, flushed and rubicund, groaning under a regular paroxysm of inflammatory Gout; the peasant with his sallow Hippocratic face and attenuated frame, shivering in the horrors of a paroxysm of Ague. Observe them again in a few hours; both are restored apparently, and but apparently, to their ordinary health, to undergo, after a brief space, a repetition of their previous sufferings, followed by another remission. Here, clearly, is periodicity as distinct and well-marked in the gorged and gouty alderman as in the half-starved, aguish peasant. But it may be urged that the analogy is incomplete; that Gout exhibits only a *re-mission*, the Ague an *inter-mission*. I deny the truth of both propositions, at least so far as relates to the distinction attempted to be established between remission in the one case, and intermission in the other. The term intermission (cessation or suspension of the disease), in fact, applies correctly to neither. The animal economy does not return to its healthy condition during the interval between the paroxysms of an intermittent fever, as must be admitted by every observer who has watched its progress attentively, or who, like myself, has been the subject of an attack. The same holds good in gout. In both diseases, the interval between the paroxysms is marked by certain feelings of *malaise*, irritability, depression of vital power, and derangement of the secretions, as truly indicative of morbid disturbance, as the throbbing toe, the icy chill, or burning temples. Thus, when we perceive that in regular gout, a disease to

which few will be disposed to assign a *malarious* origin [my own identical words!], the law of periodicity applies no less closely than it does to ague."

So that, according to Dr. Dundas, nothing is more easy than—

With Temperature and Period for your clue,  
To take the sick all doubt and danger through,  
Strip of their trivialties all kinds of cases,  
And plainly show that FEVER is the basis  
Whereon to treat Disease's every phasis.  
Drawing attention to their common features,  
You prove, even to the schoolmen—purblind creatures!  
The febrile chills and heats that mark them all,  
Whether on this or that their fury fall—  
Whether we trace them in the head or foot,  
You point to fitful Fever as the root  
Of every change our movements undergo,  
Alike in Phrenzy and the gouty toe.—  
To this great law, you fearlessly contend,  
The lucid intervals of Mania bend—  
The Epileptic, Apoplectic fit,  
Flux, Dropsy, Jaundice—all of them REMIT.

*Chrono-Thermalist.*

"There is a homogeneity [unity] (Dr. Dundas proceeds to say), if the expression be permitted, in the laws of disease, of which we are *just now beginning* to enjoy the *first glimpses*, and although it would be too much to allege that fever and inflammation are but one and the same morbid action, greatly diversified, no doubt, through the influence of numerous concurrent circumstances, we nevertheless know that the theory of the day which rendered a special reason of the proximate cause of the *one*, was deemed to be equally illustrative and explanatory of the other. The phenomena of Fever, as specially distinguished from Inflammation, are, I am disposed to believe, *essentially one and the same*; the *simplest expression* of that morbid action being delineated in the paroxysm of an *Ague*, in the succession of its three stages—the hot, cold, and sweating; and assuming, under certain circumstances of climate, constitution, modes of living, &c., the various forms of typhus fever, plague, remittent fever, yellow fever, and all the subordinate varieties of fever denominated *essential* by the French school."

I could here quote numerous other pas-

sages, equally illustrative of Dr. Dundas's "new views" of the constitutional origin and febrile nature of the generality of so-called "local diseases," and of the value of "quinine" in their treatment; but I have only space for the following quotation from his preface. With this I shall conclude my extracts from Dr. Dundas's book:—

"The author is well aware that these opinions are in direct opposition to those held by the profession; and he has therefore clearly and briefly submitted the chief evidence on which, against his own personal convictions, he was first led to *doubt*, and finally to *reject* DOCTRINES sanctioned, as it were, by the greatest names in ancient and modern medicine. As to the rest, the author cares only for the truth."

In that case, I will ask "the author" a question or two. Is it or is it not "the truth" that Dr. Dundas, some ten or twelve months before he published his book on Brazil, containing these "new views," borrowed from a friend the *Fallacies of the Faculty, with the Chrono-Thermal System of Medicine*—a system that teaches every word he himself has written about Unity, Periodicity, Temperature, &c.?—and, having read the volume, did he or did he not return it to the gentleman who lent it to him, "with his compliments, and he was greatly pleased with the contents?" These "new views," Dr. Dundas tells us, in his publication of 1852, are the result of his own unassisted observations and reflections during "many years, and in many lands." Yet, when one and all of them present themselves to his astonished vision in pages published many, many years ago, and in more than one language—so faint and feeble is Dr. Dundas's memory, that, forgetting all he had seen and read in 1851, he rushes into print in 1852, and all but verbatim copying my sentences,

walks away with the sum and substance of a discovery which, if it has to myself hitherto been a source of no very great congratulation, will not, I feel assured, be to the Liverpool physician a theme for any very lasting glory! East, west, north, and south, I have asked what the world thinks of this would-be martyr to science—Dr. ROBERT DUNDAS? East, west, north, and south, with a provoking regard to Periodicity, Echo—impudent echo, has repeated and re-repeated—ROB-BER DUNDAS—ROB-BER DUNDAS.\*

Men mean enough to commit plagiarisms, whether in literature or science, have resorted for the most part to certain devices which, from frequent repetition, have now become somewhat stale. Old notes and memoranda, pamphlets without date—lectures, oral or written, but never heard or seen by anybody, except themselves or their interested friends—compose the general armoury of the plagiarist. Certain other plagiarists have had recourse to a process of *inversion* by which they have hoped to carry away the prize of discovery.—Something of this kind has been done in my own case. Stealing both my theory and practice in disease, Sir H. Holland, Dr. Todd, and some others, have inverted my Pathology—placing this not in the pathetic but in the circulating system! No wonder that Sir H. Holland, even in his third edition, should find it difficult to account for the *cause* of the *Periodicity* of diseases, seeing that he places the pathological source of Gout, Small-pox, and numerous other forms of intermittent disorder in the Blood! The cause of the Periodicity of disease I have already made clear by a reference to the true source of all vital phenomena—the Brain, and the *Memory* which is inherent in the Brain.

That every kind of disease—name it it how you will—obeys the periodical law

\* Right to a T.—PRINTER'S DEVIL.

common to all Fevers, of which I have shown Ague to be the type, is indisputable. But in contradistinction to some of the more common periodical fevers and agues which, with their whole train of aches and other local developments, even when cured or suspended, may in numerous individuals be very readily recalled by any casual cause of cerebral disturbance, I may now allude to certain other fevers and agues which seldom return in the life of the person who has once suffered from them, even when placed in circumstances that might be supposed most favourable to their recurrence. Of this latter class of fevers are small-pox, measles, and some other contagious diseases. However opposed to each other the inverse recurrent phenomena of these two classes of fevers may at first sight appear, I believe that both have one and the same corporeal source—*Memory*—or that organic repetitive perception of the original cause of hurt which, in the one class of fevers having once passed away, may yet be aroused to recurrence by any new cerebral annoyance suggestive of the primary disorder;—while in the other class of fevers, on the contrary, the same organic memory is the best safeguard to the body against any further invasion from the special cause of former wrong, even where such cause may be over and over again freshly and powerfully applied. In the few individual instances of those contagious diseases, where there has been a recurrence a second or even a third time—which has occasionally but rarely happened—I attribute the circumstance of recurrence to the body losing all remembrance of such former attack. Analogy at least is with me here—for in the case of mental phenomena there are certain trains of thought which, even in health, may be repeated and re-repeated by suggestions the most slight, and sometimes of the most opposite kind;—while

there are certain other trains of thought so repulsive, that having been once *forced* on the organ of mind they are ever afterwards banished therefrom by a kind of disgust, not always apparent to the subject of them. In no other instance, that I am aware of, but in the fevers caused by the most unquestionable *animal* contagion—a contagion in the case of small-pox, supposed by the Arabians to be derived from the camel—and in the case of vaccination through the cow—has this class of phenomena been observed. *Animal* contagion then, doubtless, lies at the root of this corporeal disgust—this aversion so usually entertained ever after by the organism to notice a cause it had once unconsciously allowed to invade it;—but of which cause, so long as this *memoire machinale* remains, no fresh application, whether through the lungs, the skin, or by direct inoculation, will be followed by the same constitutional effects as at first. In many individuals this organic aversion is so strongly manifested, that all through their lives they never take the small-pox.

Those physicians who, like Sir Henry Holland, place the pathology of the contagious diseases—not in the pathetic brain, but in the unpathetic blood—seem to forget that one and all of the symptoms of those diseases being, while such diseases last, more or less *intermittent* and paroxysmal may, like the symptoms of every other fever, be mitigated with quinine, opium, and other remedies, whose action is not on the Blood but on the Brain and nervous system. Moreover, one and all of these contagious febrile disorders may, like all other febrile disorders, be ameliorated by attention to temperature, the cold ablution, &c., &c.

That a great revolution has taken place of late years, in medical opinion and practice, is now proved to be indisputable. The fact is admitted by the Profession themselves; but with that moral per-

versity which we have so often seen to be the characteristic of the modern medical body—the greater number of practitioners—those at least who do not directly plagiarise the doctrines advocated in these pages—think it high policy to conceal, as far as their diplomacy can do it, the true source of the revolution which the force of circumstances has compelled them, however reluctantly, to admit. The present fashion with the profession is to talk very complacently of all their own too recent doings in physic as things quite out of mind—things of “a century ago!” Like Sir B. Brodie, they think to deceive the world by a dexterous shuffle of the cards—and vauntingly contrast their present ameliorated practice with the barbarous practice of “the last generation.” But the people of England are too familiar with the horrors of modern medicine to be deluded with such language. There is scarcely a grown-up human being, of either sex, who does not bear the marks of lancet, leech, cupping instrument, or blister on his or her own person:—consequently the people of England know full well that whatever Revolution there is here, is the Revolution of the hour. Reader, do you require to be told that such a Revolution must have had a beginning; and not only a beginning, but some one to begin it? Whose was the finger that first pointed out the right path, where up to so recent a period all, as their change of practice sufficiently proves, were utterly and entirely on the wrong road? We have got the hour—Who is the man? If the man exists, it is not very likely he will rest satisfied with cotemporary oblivion. Where there is the will no man of true genius will be long without the way to make himself known, even in his own lifetime!

The frightful series of mistakes that resulted from the theory and practice of physic, all throughout England, Scotland,

and Ireland, so late as 1836, the readers of these pages have already seen. How general throughout the country the same series of medical mistakes continued to be made ten years later still—1846—is equally clear to them. Whose pen first denounced those “Fallacies of the Faculty?” Before 1836, what medical man—not avowedly a mere homœopathist or a mystic—dared to breathe a syllable—far less to print or publish one reasonable line—reflecting on either the general theory or the general practice of the whole medical world? Whose voice in that year, ’36, and again in ’38, and yet a third time in ’39, sternly told the profession—

“You are wrong in everything you think—you are right in very little that you do—your general theory is in perpetual conflict with truth, and your general practice is more destructive than the sword!”

Who, before 1836, taught the *Unity* in contradistinction to the *Diversity* of Disease?—deducing that Unity not from “inflammation” or “congestion,” or any real or supposed error of the *Circulation*; but proving it by reference, firstly, to the Periodicity, Intermittency, and Febrile nature of every kind of disorder;—and, secondly, by tracing the pathological source of all morbid phenomena, not to the unpathetic circulating system, but to the only pathetic system of the body—the Brain and Nerves! This doctrine is either true or it is not true. In the full belief that I have demonstrated its truth, not more by my own writings than by the forced admission, and the forced change of practice of thousands of its opponents, I now appeal to the Editor of the *Journal of Public Health*, Dr. B. W. RICHARDSON, for a solution to the question—Is this the recognised doctrine of a far-off time, or is it a doctrine of the present day?

“The theory and practice of the



*Æsculapian art*," writes Dr. Richardson, "are passing through a remarkable and important revolution. The tendency of medicine which a century ago [not quite so long, Dr. Richardson!] was directed towards the division of diseases into *many hundred forms*, and the formation of the most elaborate and complex nosologies is being in THIS DAY REVERSED; and the whole meaning of modern medical inquiry is to prove that DISEASE is a UNITY, with a *variety of phenomena*, and that its causes are reducible to a few elementary forms."—*Journal of Public Health*, March, 1855.

To what is this complete revolution in the Theory and Practice of Medicine owing? To the "malaria from the wood pavement?" To "tea and potatoes?" To the "cholera?" To the "more enlarged experience" of medical men themselves, and their so called "pathological researches" in the dead house—where pathology never could be learnt?—or, To the discovery of the Chrono-Thermal nature of all the organs, functions, and feelings of the pathetic, living man, whether suffering or sane?—a discovery so unblushingly plagiarized by doctors of all ranks and conditions, from the highest to the humblest! Denied and decried in the first instance, the influence of the new system on the minds of the medical people of this country has already produced the most important results. Hydropathists, Homœopathists, and Allopathists alike surreptitiously profit by it in practice; and not the least is it imitated by thousands of all three sects, who still continue to deride it—men who honour its author in the *act* but degrade him in the *word*!—

"New truths of a higher order, and of which the connection is not seen with common and hackneyed doctrines, are scouted by all, and especially sneered at, denied, and abused by the base creatures who have just sense enough to see there really is something in them—who have

just ambition enough to make them hate one who appears to know more than they do, and who have just cunning or skill enough to bias minds yet weaker than their own. To crown suitably such procedure, the doctrines at first denied are subsequently pilfered with all the little art of which such minds are capable."

Alas, for the Ethics of English Medical Life! The paragraph which so fully and feelingly describes the professional gauntlet the propounder of every new medical truth must run—namely, first to battle for the truth, and secondly to fight a succession of duels for the property—is from the pen of ALEXANDER WALKER, the discoverer of the Duplex Nature of the Spinal Nerves. The history of this remarkable discovery may not be out of place here—the more especially, as it will give me an opportunity of putting the world right on a subject, not yet quite so well understood as is imagined.

It had long been familiar to medical men that a person might lose the *sensation* of touch, and even pain, in any part of the body, and yet retain the complete *moving* power of the muscles of the same part, and *vice versa*. It was reserved for Mr. Alexander Walker to discover the reason of this. In "Tables of a Natural System of Medical Science," printed by Oliver and Boyd, Edinburgh, in 1808, Mr. Walker, after much research on the motions of the Cerebrum and Cerebellum (Brain and back brain) assigned the function of *Volition* to the latter organ; though he had held, and occasionally taught the same doctrine so early as 1803. In the "Archives of Universal Science," for January, 1809, Vol. 1, Mr. Walker repeated his reasons for maintaining the same proposition—a proposition which nobody had ever in any printed work announced before him. So much we learn from Mr. Walker himself, in his Treatise on the "Nervous System,"

published in London in 1834. "These are facts (Mr. Walker tells us in that treatise) which admit of no dispute; and no pretender, on this subject, has yet appeared, who can establish his claim by a single printed date so far back as any of these. No one, indeed, so far as the writer knows, pretends to do so, even by founding such claim on the common devices of *unpublished* lectures—pamphlets printed without any date [old notes!], &c., &c.—At this time the writer had not attained his subsequent ideas of the nervous system. In the second volume of the work last quoted, for April 1809, the writer now associating the spinal chord with the cerebel in the production of *volition*, and considering certain nerves, for he now divided them into *two* kinds—nerves of sensation and nerves of volition—as merely the means of transmitting volition—expressed himself thus:—'As sensation and volition seem exactly opposed to each other, so is the face containing the organs of sense to the cavity containing the cerebellum.'" In the third volume of the same work, for July 1809, Mr. Walker further observed:—"As the face, therefore, occupied by the chief organs of sense, is the seat of *sensation*, we might expect the cerebellum to be the organ of *volition*." This doctrine, after a lapse of six years, Mr. Walker repeated, extended, and enforced in Dr. Thomson's "Annals of Philosophy," for July, 1815; and therein he gave his "reasons for asserting, that the organs of sense being those of *sensation*, and the Cerebrum that of *mental operation*, the Cerebellum is the organ of *volition*." But to enable us to make clear Mr. Walker's discovery of the duplex nature of the Spinal Nerves, we must now revert to the volume of the "Archives of Science," published in 1809, wherein, he says, "The division of nerves into those of *motion*, and those of *sensation* is absurd—because ALL

NERVES ARE NERVES OF MOTION!—The proper division is into nerves of *SENSATION*, and nerves of *VOLITION*, or nerves of impression, and nerves of expression. Now, as in some cases, sensation exists without volition, and as almost all nerves arise by distinct filaments, I am of opinion that, wherever a part having both sensation and motion is supplied from *ONE* NERVOUS TRUNK, that trunk envelopes *both* a nerve of *sensation* and one of *volition*. This is confirmed by nerves which are at once connected with sensation and volition, consisting of FIBRES, as the generality of nerves do—while nerves of *mere sensation*, *without volition*, are generally of a UNIFORM SOFTER STRUCTURE, as the optic, auditory, &c. The only other apparent difference between the nerves of sensation and those of volition is, that their motions take place in different directions. The latter, therefore, may be said to resemble the arteries, the former the veins." And this doctrine which makes the Brain at once the head and the heart of the nervous system, Mr. Walker still further extended in the same volume for the same year, 1809—wherein he described "The DOUBLE COLUMNS of the Spinal Marrow." Reader, hereby hangs a tale! "But it may be questioned (Mr. Walker goes on to say in that volume) by which nerves, [by which], columns, and [by which] Cerebral masses, the action *ascends* to the Brain, and by which it *descends* to the muscles. Fortunately, here nature also directs us." And having referred to the nerves of smell, sight, hearing, and taste,—which "join the anterior masses" of the Brain,—Mr. Walker deduced the fact, that the sense of touch being an ascending action, must be towards the same anterior cerebral masses, through the *anterior* column of the spine—while, as in the case of certain muscles that move the eye—all the other voluntary muscles must be

supplied by nerves which descend toward them from the posterior masses of the Brain, through the *posterior* column of the same Spinal Chord.

Such was the beautiful discovery of Mr. Alexander Walker—published as we have seen in all its perfection and completeness so early as 1809. Twelve years afterwards, SIR CHARLES BELL thought he could improve it.—In a series of papers read to the Royal Society, in 1821 and 1822, wherein he actually ignored everything that Mr. Walker had over and over again printed and published on the subject, Sir C. Bell thought it the height of sublimity to *reverse* Mr. Walker's discovery!—in doing which, as Mr. Walker has since proved, Sir C. Bell committed “a plagiarism, an inversion, and a blunder!”

Contrary to all analogy, contrary to everything like common sense, Sir C. Bell made the perceptive or ascending action begin in the nerves that join the brain, by the *posterior* column of the spinal chord; and voluntary or descending motion he made to proceed through the *anterior* column of that chord. He might just as well, like some new Harvey, have reversed the Circulation of the Blood!—According to Sir C. Bell, the sense or perception of touch, unlike any other sense of the body, is situated not before, but behind!—What a want of *perceptive* power must the schoolmen possess who still call the discovery of the Duplex Nature of the Spinal Chord “The discovery of Sir C. Bell!” Yet such in its stupidly blundered state does this discovery stand, at the present hour, in the Physiological Books of every college in the three Kingdoms;—and this, too, notwithstanding that, many years ago, Mr. Walker demonstrated, by the most unanswerable arguments, that the cruel vivisections on which Sir C. Bell grounded his pretended discovery, were completely

misinterpreted by the man who made them. To the arguments of Mr. Walker it was the policy of Sir C. Bell, and his friends, never in any way to allude! Subsequent writers, nevertheless, have brought forward facts that must for ever remove the slightest doubt of the truth of Mr. Walker's view of the matter. Mr. Stanley, in particular, gives the case of a man who, for some time before death, had been completely unable to *move* his legs throughout their entire extent, but whose *sensation* was not perceptibly blunted. On examining the spinal chord after death, the *anterior* column exhibited its normal white appearance, while the posterior column was unusually soft and tenacious, and of a brown colour. This one fact, were there no other, demolishes for ever Sir C. Bell's claim as a discoverer.

Whenever an invention or a project pertaining to medicine is brought forward by any ingenious person, a certain number of practitioners, who form the leading medical cliques of the metropolis, usually confer together in secret, and determine on a course of action. The discovery is first decried by every possible means—every effort at first is made to keep it from publicity, particularly if it be one likely to diminish or *shorten sickness*—and when this course is found, after a time, to be unsuccessful, their next move is to adulterate and disguise it, and then give credit to some of themselves for the light, which before they had thus enveloped it in haze, so scared one and all of them on its first effulgent outburst! This, my readers may observe, has been done with the discovery of Mr. Walker, who, nobody can deny, was at least the first discoverer of the *double* nature of the spinal nerves. The entire merit, in truth, lies with Mr. Walker; but Sir Charles Bell having a strong connexion both in London and Edinburgh, got—and, though now dead, still gets—a good deal of reputation for what was neither

more nor less than a barefaced swindle on his part.

How widely my own discoveries have been plagiarised, disguised, and appropriated by members of the profession the reader has already seen. In fact, with whatever sneers the system may still be received, Chrono-Thermal Medicine is more or less the order of the day. How comes it, then, that those who adopt so much of it in practice, rarely if ever call to their consultations the man that discovered the system they themselves partially pursue? The answer I have invariably received from medical men, when I have asked any of them the question, has been this:—"Dr. Dickson, had you conciliated us, instead of in everything running counter to us, you would now be the first and most fashionable physician in London!"—Reader, was it by conciliating Pope, Cardinals, priests, and monks, whose income depended on the sale of indulgences and the like, that Luther achieved the Reformation of the Church? If in the case of that great champion of truth, to reform and conciliate at one and the same time were an impossibility, by what possible process could any man who desired to bring about a medical revolution, avowedly having for its object to shorten sickness, hope to conciliate a profession, *whose bread, as things are still managed, depends on KEEPING THAT SICKNESS UP?* To have attempted conciliation here would have been the veriest cowardice, and in such a cause cowardice were crime.

A great medical revolution, nevertheless, is now being accomplished. The Chrono-Thermal System of Medicine, by the doctors themselves, is all but universally felt to be true. But there must be yet another revolution before such a system of practice can be adopted in all its fulness.—This second revolution involves an utter and complete change in the mode of remunerating men of talent who exercise the profession—

a revolution which, while it enables them to do justice to the sick, will at the same time enable them to do justice to themselves. Such, assuredly, is not the case in any of the three kingdoms now. The various modes of remunerating medical attendance, whether by visits or drugs, or both, absolutely compel the doctor who would live by his profession here or anywhere else, to procrastinate the sufferings of the sick. There is no blinking the fact, that in all these modes of remuneration *time* is the chief element;—and all throughout the civilized world it is precisely this measure of medical payment by time that makes the one great bar to anything like perfection in medical practice, where a quick cure goes for nothing, while a long illness is paid by purses! In what art or profession, except medicine, is the artist paid for time solely?—or, in what other art or profession do the beginners and the bungling men of mediocrity get a better scale of remuneration than the man who shall be at once an honest man and a man of first-rate ability? It is not so in the higher branches of the Law—it is not so in Sculpture or in Painting.

Were painters, like medical men, to be paid for their work according to the quantity of materials they employed, or according to the number of visits they made, instead of for the picture or case, what a tedious affair would be the sitting for a portrait! Sir Joshua Reynolds, in seven sittings, painted a likeness, for which he charged, and got a hundred guineas—this remuneration not being for his time, but for his talent! Silly, simple Mr. Bull, do you take your doctors and surgeons to be angels that you thus bribe them to mistreat you? How can you, as a merchant or a man of business, expect your apothecary to call in a physician to cure you speedily, if you absolutely starve him to do the reverse? The last person in the world your ordinary medical attendant would allow to enter

your room, as things are now managed, would be a physician who, by curing you quickly, must inevitably ruin the man who called him to your bedside. In these days, the reputation of a physician does not, in the very least, depend upon his cures! The reputation of a physician depends on what is said of him all through the country by the surgeon-apothecaries; and that, as a matter of course, depends on what he says of *them* in return, and whether or not he has tact and cunning enough to help them to secure the patient, and keep them in countenance by his mock authority, while pursuing their cruel, or fiddle-faddle measures, throughout a long and lucrative attendance! Medical reputation with the surgeon-apothecary is one thing, and with the patient another. Pliancy, subserviency, and want of principle, are the chief secrets of the success of a great physician or a great surgeon in these times. The talent and truth that would shorten human suffering, so far from assisting a physician to rise in the world, are crimes in the eyes of the apothecaries—who, in that case, so far from employing him, invariably cry him down as a quack and a charlatan. Were the public in the slightest degree judges of medical merit, how could either the surgeon or the physician become a “great authority” in medicine, and make year after year, like Sir B. Brodie, his ten thousand pounds, while all the time, by his own later confession, practising a “painful and loathsome treatment”—“a treatment not only, not necessary, but actually injurious!” Merit in a physician, so far as he himself is concerned, is a blemish—and you, credulous Public, by your mode of paying the doctor, do all you can to crush it. Merit has an enemy in every house, in the shape of the tricky, wheedling, apothecary—who, while tickling the ears of the *women*, manages very generally to lead

every other member of the family by the nose. Medical reputation, now-a-days then, is everywhere, throughout England, the simple result of combination and secret collusion between the doctor and the apothecary.

So far back as 1703, the writer of a work, entitled “*The Craft and Frauds of Physic Exposed*,” denounced these very conspiracies and collusions:—

“Can you doubt the true reason,” he asks, “that physic is suspected of treachery to the patient—and, therefore, by many feared and avoided—and charged with the deaths at almost all the funerals! The physician may, indeed, be the author of your ruin, but he is moved by another’s hand. He is under the force and necessity of obeying the orders and commands of those whom your folly has made his *superiors*; who cannot live if they suffer any instances of recovery *without many doses*.” \* \* \* “The apothecary, having the *power in the family*, has the liberty of *naming what physician he pleases*; and, therefore, never fails to introduce one that will *countenance his practice*, and make *large prescriptions*. The young physician, when he comes from the University, is quickly informed of this, and that he cannot hope to rise but through the apothecary’s recommendation, which, therefore obliges him to follow the mode, and, consequently, hinders any reformation. The Roman senators *expelled* the Greek physicians for the *SAME CRIMES* which are here practised.”

The history of our profession is a sickening tale. At this hour, all throughout the three Kingdoms, as in 1703, medical reputation is a mere bubble. And this it must continue to be while the general practitioners of any town in England, by their collusive breath, can in one day make the greatest rogue in the place figure as the greatest physician.—

Such, in fact, is their practice;—and thus in physic as in fermentation, the scum of necessity *must* rise to the top!

So far as my observation goes, medicine, as now practised, is a kind of compromise between Chrono-Thermalism and old-school physic. General blood-letting, therefore, is now very much discontinued;—but from the mode of paying medical men in this country for their services, bad treatment must be the rule, and good treatment the exception. It is morally impossible that anything like good treatment can be the general result of paying men in business for time instead of for talent. That is why starvation, purgation, and leeching, are still more or less prescribed in the outset by the greater number of practitioners, who do not adopt till late in the case what I invariably begin with—quinine, iron, and other remedies, that have a favourable influence in FEVER, without in any way lessening the material of repair. Nor do such practitioners always use those more conservative agents to good advantage. Witness Sir B. Brodie, who, in his last publication, advises, in the greater number of Joint and Spinal cases, aperient medicines and a course of iron “for two or three years!” Witness, too, the following from the pen of the Editor of the *Medical Times*—Dr. Bushnan:—

“Our present *successful* plan of cure—for this, undoubtedly, *cannot* be made the subject of a difference of opinion [?]*—is, I apprehend, due to our general non-interference* with the course of nature in the *succession* of morbid actions, *save—and then only—when we see them running on rapidly to a FATAL RESULT* [!] The modern triumph of our art is more in the happy forbearance exemplified in our *negative* treatment, than in the positive success of any heroic remedy.” [!!!]

Reader! What is this but a complete *denial* of medication under all ordinary

circumstances even when *paid for*?—a mere dishonest pretence of rendering medical assistance, while the doctor folds his arms and looks on in quiet apathy during each “*succession*,” each repetition of the patient’s paroxysm of suffering! This is precisely what the Homœopaths do under the cloak and mysticism of their infinitesimal physic. Was ever such nonsense uttered in the name of *Science*—as to talk of allowing the repetitive paroxysmal movement common to *all* disease, to return, and re-return so long as it will do so unchecked, till the patient’s body, under the reiterated agitation of the Febrile Fit, threatens to go to pieces—*THEN*, and not till then, to INTERFERE! If death threaten—step in by all means with a heroic remedy—step in while the paroxysm is “running on rapidly to a fatal result;”—but *then*, as it sometimes will happen—then it may be just too late to save from death the poor victim of all this most beautiful and benevolent do-nothing practice! The habit of return, according to Dr. Bushnan, like any bad habit, is to be first rendered all but incurable, by a long series of repetitions before Quinine, Iron, or a heroic remedy is to be given. For what purpose all this sweetly indolent delay?—the glorification of *Science*! Impudent pretence! The true secret of all this is, a long illness—a long attendance, and a LONG BILL! Deny it as you please, Mr. Editor of the *Medical Times*, that is the gist of *your* tactics—that is the end and aim of all *your* philanthropy! Finding the Homœopathic fiddle-faddle *non-treatment* less injurious than the positively destructive practice which has been so long palmed upon the world by the medical journals as medical science, the public is gradually taking to Homœopathy—taking to any cheat, in a word, that does not, like the Allopathic practice, slay the patient outright! The Homœopaths are beating the Regulars in

therace.—And seeing this *you*, Dr. Bushnan, obviously point to a similar game, as most likely to be successfully followed by the great body of the Profession under present circumstances. People of England, open your eyes to this;—there is only one way by which you can keep these gentry in check, and that a most effectual one. Pay for *talent*, and for *quickness* of cure, what you do not deny to *time* and *long suffering*. Pay for the case liberally and once for all on the first visit—or once a-year pay the doctor for keeping you *well*, the average of what you now pay him for keeping you *ill*—utterly irrespective of visits or physic. Do this, and all the Editors of all the medical journals will very shortly change their tactics and their tune. You will in that case soon find out who is the best man—instead of being imposed upon in every possible manner, as you at present are, by a silent and systematic collusion. Till the mode of remunerating medical men be changed, physic as a trade or profession can only be successfully followed by cheats and rogues. As now practised, Medicine is the Tomb of Genius!

How can the race be to the swift, or the battle be to the strong, under such a system as this? By the present medical management, the greatest fool in London, holding a diploma, may make ten thousand a year with ease, while the ablest medical talent may wear out a life in an unsuccessful struggle for bread. There are men now making that income in this metropolis, who know no more of rational medicine than the patients who crowd their antechambers. It is not even necessary that the medical faculty should possess the reasoning faculty in these times. Any one may be convinced of this who will wade through the ponderous work of Dr. Watson the “great authority” of the present London doctors. What does it signify whether a man knows his business or not, so long as the public is content to be blind to its own interests

in so important a matter? The present system is so contrived as to keep up for ever the reign of medical blockheads. Why will people keep constantly talking of “education?” Can any human being be said to be educated, who knows nothing of the movements of his own body, or the various elements that make the difference between its healthy and diseased state? How can such a man discriminate between the real and the false physician? It is not in Medicine, as in the higher branches of the Law, where intellect must to a certain extent make its way in the world. There the conduct of the Barrister is scrutinized with the utmost keenness, not only by his competitors at the bar, but by the judges on the bench—to say nothing of his employers, the sharp-witted attorneys. Medicine, on the contrary, is a domestic art;—its practice consequently is more or less secret and silent; and hence it is that the few honours that attach to the profession are for the most part obtained by intrigue, favouritism, and back-stairs influence. As a proof that it is not medical talent that gets to the top of the medical ladder, when Sir Benjamin Brodie was made a Baronet by William the Fourth, the greater part of his practice, by his own after-confession, was a mistake.

Among the doctors recently knighted by the Queen, very prominently figures the “Physician to her Majesty’s Household,” Sir John Forbes—the same Sir John Forbes who, in the pages of the *Lancet*, testified so strongly to the destructive practice of his professional brethren in 1846. This gentleman was formerly Editor of the *British and Foreign Medical Review*; and in that capacity he reviewed the *Fallacies of the Faculty*, in his January number for the year 1843. The reader may be curious to know how in that year, 1843, the out-and-out antiphlebotomist and antimercurialist of 1846, welcomed the writer of a work so congenial to his own reforming taste as the *Fallacies of the Faculty*.

Sir John Forbes began his Review by

"Misquoting, misdating,  
Misnoting, misstating,  
Things, matters, and facts all!"

The very first quotation he pretended to make from my volume in the first page of his Review was a misquotation!—The second quotation in the same page was a misquotation!—The first quotation in his next page was a misquotation!—At the bottom of his third page was the following false insinuation:—

"Curved Spine, which Stromeyer and a few insignificant schoolmen have attributed to *Paralysis* of certain sets of muscles, is also in the opinion of Dr. Dickson a *remittent* affection."

Assuredly Curved Spine is in the commencement a remittent affection, as every subject of it must know; and in the very volume Sir John Forbes pretended to review,—so far from objecting to its being caused by the "paralysis of certain sets of muscles"—not only did I take much pains to prove its paralytic nature, but I claimed to myself the discovery of that fact! If Sir John Forbes had taken the trouble to appeal to dates, he would have found that Stromeyer and his other schoolmen had only followed in my footsteps!

As a specimen of my critic's misquotations, there is a passage on the subject of Iodine and its electrical action, which in my work stands thus:—"Like every other medicinal agent it (Iodine) cuts two ways—*atomically* attracting, or lessening volume and secretion, in one case—*atomically* repelling, or increasing both, in another—according to the electric state of the individual body for which it may be prescribed." In the misquotation of this passage, the word "*anatomically*" is substituted in *both* instances for "*atomically*!" Yet Sir John Forbes had the modesty to add, "We have done justice to his (Dr. Dickson's) doctrines, by giving them and the proofs in his own language."

So far from repudiating, on this occasion, the sanguinary and salivating tendencies of his brethren, Sir John Forbes actually seized the opportunity to ridicule the present writer for his anti-professional objections to a practice that had stood the test of centuries—ironically observing, "The profession ought to have a general fast, and all day long repeat the Litany as one method of escaping the vengeance due to their impious presumption in phlebotomising their patients."

The Periodicity and Intermittency of the phenomena of Health and Disease fared no better at his hands. This law of the Creator my critic met with similar ridicule—and in so far as regards the "electrical doctrine,"—a doctrine since plagiarised by the English physicians Ashburner and Todd, and latterly by the German physician Bishoff—he pronounced it to be "stark-staring nonsense." Not content with thus denouncing the matter of the book, Sir John next proceeded to attack the author with the most bitter personal invective—in the course of which he called him sundry bad names, and bestowed upon him the soubriquet of "*Ague-Dick*," which he hoped would "attach to our author." His next move was to "accord to Dr. Dickson the triple crown in modern science." "Our tiara, however (he told him) must be made of foolscap, being the material nearest at hand." Anticipating the possibility that "Dr. Dickson, being a man of warm feelings, may think our strictures severe, and in the next edition of his book may be inclined to be severe upon us," the impartial Sir John craved Dr. Dickson's mercy, and advised him, "for his own sake," to be "mild, and eschew all symptoms indicative of a 'fitful fever,'

'Lest people should cry,  
As he passes by,  
There goes *Ague-Dick* in a flutter!'

Which poetical flourish having finished, the urbane Physician to Her Majesty's



Household concluded his criticism with this very courtier-like query, "Has not Dr. Dickson made an ass of himself?" I quote the identical words Sir John uses in his number for January, 1843!

But as if in his own person to exemplify, in the most pointed manner, both the cold and the hot stages of the "fitful fever" he had so kindly advised Dr. Dickson, for his own sake to eschew, the same shivering Sir John who, in a cold morning of January gave such a repulsive shudder on coming into contact with the Periodic Doctrine of Disease, no sooner got warmed by the very next *April* sun, than, utterly forgetful of all he had printed only three brief months before, accorded to the same doctrine a welcome in every way suitable to the more genial aspect of the season. In the *January* number of the *British and Foreign Medical Review* for 1843, Periodicity and Intermittency, according to our friend Sir John, are all nonsense. In the very next *April* number of the same quarterly publication, the same learned critic sustains his position thus:—"The intermittent nature of disease must certainly be better understood before we can practise medicine SCIENTIFICALLY."

Without Intermittency place no reliance  
On medical symptoms or medical science!

Such is the burden of his April song! In balmy, beautiful April, Sir John Forbes had completely shaken off his fit of "Periodical" horrors—the offspring, doubtless, of his own too sensitive temperament and the frigidity of the January frost united. What does the impartial Sir John say of "our author" now? Mark the magnanimity of the man who has newly discovered kingdoms—not his own—to give away! Having already bestowed on Dr. Dickson a triple tiara of "the material nearest at hand," why should Sir John Forbes trouble himself further either about "our author" or his

"fantastic speculations!" Why indeed? Sir John Forbes has something much more important on his hands just at present. Being about to "eat his leek," he has no time now for any unpleasant reminiscences. To be perfectly at his ease, the worthy gentleman kicks off his boots—and having slipped his light fantastic toes into a pair of old shoes, turned down at the heel, Scotch fashion, we behold him in his high-backed chair—

as he modestly dons  
His natural front of quadruple bronze!—  
With a hum and a haw and an arch sort of wink,  
Sir Knight dips his "goose"-quill in "permanent ink,"  
And commences to glorify—whom do you think?  
Court Physicians have sometimes supplanted each other,  
Sir John, *au contraire*, supports a Court brother.

SIR HENRY HOLLAND, to wit.

But even on this occasion Sir John Forbes does not award his Court colleague the chief share of the Periodical spoil. How Sir H. Holland felt on finding himself figuring as the subordinate of a gentleman who *then* only played the part of a provincial practitioner—Dr. LAYCOCK, of York, now Professor of Medicine in the University of Edinburgh—is no business, reader, of your's or mine; but the following is the fashion in which Sir John Forbes divides the palm of discovery between both "originals":—

"The intermittent nature of disease must certainly be better understood before we can practice medicine scientifically. Dr. Holland has an interesting essay on the subject in his *Medical Notes and Reflections*; and *more recently*, Dr. Laycock has attempted to demonstrate a GENERAL LAW of Periodicity [a plagiarism of the "general doctrine" on which Dr. Holland declined to give "any opinion"—see his letter, p. 49.] If *his* researches prove correct, a considerable change must take place in both the theory and practice of medicine."

That a very "considerable change" has already taken place "in both the theory and practice of medicine," since you, Sir

John Forbes, penned the above passage, is abundantly clear to all the world. But whether this change be in consequence of the "interesting essay" of Dr. Holland—or—of the "more recent researches" of Dr. Laycock—or—of Dr. Dickson's "general doctrine" and its "larger conclusions," which in more than one publication anticipated both, the readers of these pages will have very little difficulty in determining. This much, however, is certain—Sir Henry Holland, Her Majesty's Physician in Ordinary, by his own confession, is a Chronothermalist. Sir Benjamin Brodie, Her Majesty's Serjeant Surgeon, is a Chronothermalist also—having in his old age abjured the errors of his "early life," to embrace the greater part of Dr. Dickson's Theory and Practice in the surgical department of medicine. And you, Sir John Forbes, Physician to Her Majesty's Household, stand precisely in the same predicament—after having yourself, condemned the Chronothermal System as "a farrago of nonsense—a hash of a few old truths and many fantastic speculations."

Reader, how fortunate the Queen must be to have three such able and honorable medical advisers about her person!

And now, Sir John Forbes, a word in your ear—We have not forgot your "triple tiara of foolscap!"—"Being made of the material nearest at hand," you never had so fair an opportunity of placing it on the brow best becoming it. No mock-modesty, Sir John—don it at once—Ah, how well you look in it!—Now is the time to have your picture taken—

HOGARTH could paint you, envy must allow,  
Even to the life, were Hogarth living now!

But hold up your head Sir John. If Hogarth has ceased to be of "the earth, earthly," GEORGE CRUICKSHANK, who is not yet a disembodied spirit, will be only too delighted to take the King of the Critics in his "triple tiara of foolscap." What a capital frontispiece the likeness will be

for "*The Physician's Holiday*, by John Forbes, M.D."\* Nobody knows better than the author of the *facetia*, bearing this title, that "all work and no play makes Jack a dull boy." Dr. Dickson, albeit "a man of warm feelings," and, therefore, not very likely to forget what "an ass" he had, in "our Jack's" opinion, made of himself, will hardly be "so severe upon us," as spoil "*The Physician's Holiday*" by any *tu-quoque* allusion either to "*The Physician's*" past or present attempts at medical or moral "ass"—"ass"-ination!

So much for the critical acumen and uprightness of Sir John Forbes. When the unprofessional reader finds people of this gentleman's moral and mental calibre in high places, he very naturally marvels by what chance of the world's dice they ever contrived to get there. He imagines, possibly, they must have made some fortunate cure—or better still—some brilliant discovery. But the reader is in error on either supposition. No living soul, so far as I know, ever accused Sir John Forbes for one, of curing anybody of anything. And as to the matter of medical discovery, in Court quarters, I never heard of any such—unless we put in that category, the discovery of Sir Benjamin Brodie, in 1850, that for upwards of thirty years of his "early life" as a professional man, everything Her Majesty's Serjeant Surgeon had medically thought or done, had been a series of medical mistakes!

If the truth must be told, the greater number of professional people, before they can gain their bread by any exercise of their vocation in court quarters, as things are now managed, must have become adepts in subserviency and meanness. The best course of the medical aspirant of the present day, is to take a lesson from My Lord's valet, and my Lady's Abigail. Few human beings can long resist adroit

\* "*The Physician's Holiday*, or a Month in Switzerland in the Summer of 1848. By John Forbes, M.D. F.R.S."

flattery—and the higher you go in the world you will find the fawning and cringing of the spaniel more and more acceptable.—Everything being hollow, heartless, and hypocritical in Court-life, by what possibility can honest truth and straightforwardness compete for Court-favour with humbug and collusion in an “occult art,” like physic? Even in our cities and great towns, the moment a new doctor enters the place he becomes an object of fear and jealousy to the old stagers, who generally so manage matters that they keep the new aspirant, for a time, in a position of hopeless isolation. Nothing so difficult as a beginning for the young doctor—and often, when he thinks he has made a fair start, he suddenly finds himself walking on sand. The ground gives way beneath his feet at every step; for, however much the older doctors of the place may squabble and quarrel among themselves, these unite to a man to drive out every individual at all likely to prove a dangerous intruder. But how, the reader will probably ask, can a set of elderly gentlemen manage, for any length of time, to crush true merit? By a very simple process. One and all of them silently agree to lie it down! And steadily but stealthily do they, for the most part, carry out their resolution while a hope of success remains. Success here—no matter by what means—they look upon as the greatest of achievements.

In the printed evidence of Dr. Burrows, given before a Committee of the House of Commons, that gentleman stated that “five” neighbouring practitioners might club together to “ruin a man, although there may be *no truth in the charge!*” How could Dr. Burrows have come to such a conclusion? In one way only. It must have consisted with his own personal knowledge, that such a scandalous act had been, in reality, perpetrated by “five” medical men. The precision with which Dr. Burrows states the number of the culprits, leaves no moral doubt in the reader’s mind,

that at the very moment he gave his evidence before the Parliamentary Committee, Dr. Burrows could have placed his finger on the names of each and every of the coterie of respectable rogues who had been guilty of that particular baseness. So much for medical ethics. So much for the ethics of a profession on whose honour and probity the great mass of the people of England have so long, all but implicitly, reposed! If “five” men clubbing together could ruin an innocent individual, who happened to be obnoxious to them, whether from his coming as an “intruder” into their district, or otherwise;—if in a word the evidence of such shocking want of principle could be found among the members of *any* profession, as Dr. Burrows shows has actually been manifested in the profession of Physic, is it not time the public should know and be prepared for the opposition which the whole *banded* medical brotherhood would bring to bear against a discovery, which, as matters now stand, must be as inimical to *medical interests* as it is obviously beneficial to the interests of the world at large! When men who have made their art the business and study of years, find themselves on all occasions remunerated for their professional services in a manner the direct *inverse* of their professional capability and talent—when they are gratefully paid for a long illness, what their besotted employers would contemptuously refuse them for a speedy cure—woe to the medical wight who would enlighten mankind with a discovery, boasting as its principal merit a plan for shortening sickness! Nothing but the most glaring truth, backed by the greatest moral courage, and an energy of character which no tactics can baffle, could possibly save the author of such a discovery from utter and irredeemable ruin! Is it, in the very least, consistent with human nature, that under the daily and hourly repeated temptation of a bribe and smiles to do wrong, and the

pressure of disgrace and poverty for doing right, such a plan would be acceptable even to the disinterested class of men we have shown the medical profession to be composed of? As the world now wags, if the medical practitioner acts rightly, he starves—dishonestly, as his neighbours do, he finds his carriage and his horses ready caparisoned at the door.

The number of competitors for private medical practice, at this moment, is utterly incompatible with the proper maintenance of the Public Health. If it be impossible to feed one tythe of the existing body of professional people by fair means, it is next to an impossibility even to do so by means which Mr. SKELLY a year or two ago in his "Hunterian Oration" described to be not only disingenuous, but flagrantly disgraceful. Well paid—and in general gratefully paid—for many supposed necessary acts during a protracted attendance, while they are only slighted and under-paid for a quick cure, what possible object can the profession have to shorten sickness? What object have they to prevent the recurrence of the paroxysm that enables them by every fresh repetition to feed and clothe their families in a respectable manner, if by such a preventive treatment they would find it impossible to keep a house over their heads? Is it in the nature of things they will do so?

Medicine, as a science, is a most noble pursuit—but it is not as a science that it is cultivated by the mass of medical men. The professors of medicine practise medicine to live. A great many of them, it is true, starve in spite of the many low arts to which they have recourse for the purposes of deceit and procrastination. The public for a time, in their ignorance, bear with every kind of bad treatment. At last they partially open their eyes, and express dissatisfaction that their illnesses are longer in being cured than they used

to be. And thus, dissatisfied with the regular practice of medicine, all classes of people take to irregular quackery—they are driven to this course by the profession. "The great success of quacks in England," says Adam Smith, "is altogether owing to the real quackery of the regular practitioners." But for that where now would be "Morison's Pills," or "Parr's Life Pills"—where Homœopathy? Less mischievous than the usual medical practice, "Morison's Pills," "Parr's Life Pills," and Homœopathy, walk away with a large share of public patronage. Finding this to be the case at present the profession are forced to change their tactics. To embrace the chronothermal practice wholly and entirely would not suit them. To prevent paroxysmal repetition at once would never pay—hence the advice of the editor of the *Medical Times*, "not to interfere with the succession of morbid actions, *save*—and *then* only—when we see them running on rapidly to a *fatal result*." *Then*, but not till then, take a leaf out of the Chrono-Thermal practice—then, but not till then, interfere to prevent the last eventful paroxysm. Had Dr. Bushnan said "Make a chancery-suit of your patient's body—*secure*, but do not be in too great a hurry to *cure* him," Dr. Bushnan could not have made himself more perfectly understood by his professional readers. "Get the patient and make the most of him; use him while he serves your purpose; do not let him die; and, more especially, do not, like the stupid boy in the fable, kill the goose that lays the golden eggs." That is the true translation of Dr. Bushnan's words—he could not have made his meaning plainer. Gentlemen of England, is it not time that you yourselves should know something of your own bodies—is it not time you should practise the Greek maxim, *Know yourselves!*

One word more with Dr. Bushnan:—In the *Medical Times* for 1850, we find

the doctor making this remarkable prediction:—

„That there may be, even in the Protean *Forms* of Disease, as in the Harmony of Sounds, ONE KEY-NOTE to which every other answers, and to which all must yield, is not beyond the range of probability; but the time *has not arrived for us successfully to pronounce where it lies.*”

Like Sir Henry Holland, Dr. Bushnan would fain put back the hand of the medical dial. In that case he should not have committed himself by the following words, “I fancy I see in them something of a *Periodic* Type—others may descry a positive series of *Repetitions.*” Reader, here you have the *Key-note* to which all the forms of disease answer! Here you have a reply to the hair-splitters, who write books on particular diseases. No wonder the doctors cry out—

“The danger’s great!—if once the truth be known,  
That every ill of flesh, and blood, and bone—  
Whate’er its cause or its imagined seat—  
Will Ague-like repeat and re-repeat,  
In Periodic time, the painful fit,  
Till Bark or Iron shall put an end to it—  
Adieu to long attendance—consultation—  
And all the other sweets of our vocation!  
While yet around were Erebus and Night,  
Whate’er we did or did not do was right,  
The Public, hood-winked like a blinded hawk,  
Was quite content in leading-strings to walk;  
But now the bandage taken from its eyes,  
It gets accustomed to the sun and skies,  
And, like the unhooded bird, away it flies.”

*Chrono-Thermalist.*

In a lecture delivered some time ago by Dr. Goodfellow, at the Middlesex Hospital, that gentleman drew attention to the contempt which the people of England are beginning to show for the regular medical practice—and this contempt he ascribed to ignorance on their part. “Were the public (according to Dr. Goodfellow) better informed of the *legitimate practice* of medicine—of the object which is sought to be fulfilled in the treatment of disease by right-minded and well-educated members of the profession, very few would be *the dupes and victims of those designing*

and dishonest persons who set themselves up as Mesmerists, Hydropathists, and Homœopathists.”

But as it is difficult, now-a-days, to get any two doctors to agree in their practice in any one disease, the public will very naturally ask, “What is legitimate medicine?” What is the legitimate practice in relation to blood-letting in Apoplexy for example? Here, if anywhere, there must be some determined line of practice recognised by the Schools of Physic as “legitimate medicine.” The great oracle of the schools, just at present, is Dr. Watson—who, by the way, was formerly one of the Physicians of “the Middlesex.” Taking Dr. Watson as the exponent of “legitimate medicine,” this is what we must do in Apoplexy:—

“Bleeding is our sheet-anchor (Dr. Watson tells us). We ought to bleed our patient largely and at once.” “After the first free bleeding, you must be guided by the special circumstances of the case, and particularly by the pulse. The woman at present in the Middlesex Hospital with paralysis of the limbs on one side, and of the face on the other, *attributes her palsy*—erroneously most likely [quite the reverse!]—*to her having been cupped.* She had a blow some weeks before, and suffered headache from that time. At length she was cupped from the neighbourhood of the head—and the *next morning she was paralytic.* This might have been an accidental coincidence [No such thing, as the next case Dr. Watson mentions goes far to prove!]. But I remember being sent for a few years ago to see a patient at Greenwich who had already three physicians about him, and was apparently in danger of APOPLEXY, of which he had for some time experienced distinct warnings. The three physicians agreed that he ought to be cupped from the back of the neck, to which I assented—and [the result!] *while*

*blood was being rapidly extracted in this manner, he became all at once hemiplegic [in other words, he lost the use of one side of his body.]. Similar cases have been noticed by other persons."*

Reader, what corollary would any sane man, not blinded by the dust of the schools, draw from these repeated misadventures after bleeding in cases of Apoplexy? Possibly *you* yourself would never again bleed in that disease. Dr. Watson comes to no such conclusion! The corollary Dr. Watson comes to here is short but sententious: "Therefore we must not bleed without measure or discretion." And what is Dr. Watson's view of "measure" and "discretion"? This:—"We ought to bleed our patients largely and at once!" "After one sufficient bleeding from the arm, the vessels of the head may be further relieved by cupping from the nape of the neck or the temples; and venesection may be repeated if the condition of the pulse and the symptoms should require its repetition!"

In the Greenwich patient, who lost the use of his side while undergoing the operation of cupping, did the pulse show any necessity for taking away blood? If it did *not*, why was the withdrawal of blood resorted to? If it *did*, then is the pulse no criterion for the practice which produced such disastrous results! And such would appear to be the opinion of one of Dr. Watson's own former colleagues, Dr. Todd, of King's College; for in this disease, as in some others, where Dr. Watson still continues to bleed very largely, Dr. Todd does not take away one drop of blood. What, then, are we to think of "legitimate medicine?" What possible meaning can attach to the phrase?—None at all. It is, nevertheless, a very favourite phrase with certain "medical snobs," when it suits them to sneer at Chrono-Thermal prac-

tice. Nor do some of these people scruple to use it even while themselves stealing the very doctrines they affect to decry.

In the present work I have purposely abstained from giving any cases from my own practice illustrative of the advantages to be obtained by treating disease on the Chrono-Thermal principle. To the cases from that source already published in the "*Fallacies of the Faculty*," I could readily add a number of others, all very forcible and pertinent to our subject. But, on this occasion, I prefer to restrict the evidence of the good results of my system to a few extracts from letters written by gentlemen, who, being connected with public services, may be supposed to be more disinterested witnesses than I can possibly be on a question of this kind.

And first I will mention DR. HUME, Inspector-General of Hospitals, now in charge of the 4th Division of the Army at Sebastopol. In 1850, Dr. Hume wrote in the "*Chrono-Thermalist*" as follows:—

"Deny it who please, Dr. Dickson's writings have forced—though not to the full extent—a change upon the practice of the men who conspire to cry him down. They have all but worked a complete revolution in *Army* practice; and when I look to what is going on in *Civil* life, I may say the same of the whole medical world. It is as difficult at this moment to find a doctor or apothecary under forty who bleeds at all, as it was to find one who did not bleed in almost every case when Dr. Dickson first startled the profession with the announcement of his new manner of treating diseases. All now plagiarise him more or less—even those who abuse him most. My various Annual Reports to the Director-General of the Medical Department of the Army, testify to the success of the Chrono-Thermal practice, and to its immeasurable superiority over all other modes of treatment."

DR. JOHN FINDLEY, Surgeon, Royal Navy, while stationed off the African Coast, thus wrote in praise of Chrono-thermalism, in the treatment of the fevers of the Tropics :—

“Epidemics we do not lack, and, though not molested with influenza, or cholera, we have a fiercer enemy to contend with in the shape of Bilious Remittent Fever, peculiar to the tropics. During the last three months, I have had *sixty-six* cases without losing one. I have stuck entirely to DICKSON’S practice. None of your bleeding, leeching, salivating, and drug-ging; but QUININE in large doses! This knocks the disease on the head at once, and your patient recovers, not a blanched and wretched remnant of humanity, but in a few days is as useful as ever.”

DR. BRETT, a medical officer, attached to the Fever Hospital, Brownlow Hill, Liverpool, where fever is generally of the Typhoid form, under date November 1847, writes thus :—

“I have treated 700 cases of the worst form of FEVER—chrono-thermally, with extraordinary success. The general mortality of Liverpool has been 1 in 6. My deaths have been only 1 in 10½. This is a great difference.”

DR. A. LACOMBE, Physician to the Military Hospital of Puerto Cabello, Venezuela, writes to me under date 3 April, 1850 :—

“The Chrono-Thermal practice is indubitably the most efficacious in every kind of fever, as will be readily admitted by all capable of forming a fair judgment—should *interest* not interfere. In former years, the general practice of this country, in fever, was bleeding in the first stage of the disease; and the average of deaths was from 20 to 30 per cent. The average of deaths now, since bleeding is less used, is only from 2½ to 4 per cent. Dr. Otto Urich, a respectable medical gentleman, of the Island of

Trinidad, told me—some years ago, in Caracas—that the average of deaths, in the above island, when bleeding was profusely used there, was 48 per cent. in cases called “Fever.” If the approval of your system of medicine, by one so out of the world, can be of any service to its extension, pray use this letter as you think proper.”

If a confirmation of the above evidence were required; I could here appeal to letters from every part of the civilized world. But my readers will scarcely require any such, after what they have already seen in these pages. It may, nevertheless, be interesting to some, to know how the Chrono-thermal system has been received in the United States of America.

On its first promulgation there, as I expected, it met with a very considerable opposition. The principal objection brought against it was, that it went still farther than Homœopathy, by doing away with Blood-letting even in Apoplexy and Inflammation of the Chest. The Editor of the “*New York Medical and Surgical Journal*” thus opened the battle in a Review of the “Fallacies of the Faculty” :—

“That a mode of treatment—Blood-letting—that has been in use from the most remote antiquity; that has, as it were, by intuition or instinct, been employed by uncivilized nations for the relief of various maladies; whose benefits have been acknowledged by all medical writers, and all accurate observers of every age; which still maintains its ground against the cavils of the *interested* [the patients have an interest!] and the prejudices of the *ignorant* [who know the *value* of the blood, at least!];—that such a remedy is now to be cried down and banished from the world by *such a book as this* is almost as probable as that sickness is about to disappear from the earth!”

Reader, only think of the latter probability! How near must be its accomplishment, when in the January Number for 1849, of the same journal from which I extract this diatribe, we actually find the announcement that bleeding is not a remedy at all! In this organ of the regular faculty, we read the following:—

“An acute observer of disease and remedy would perceive, that as inflammation consisted in some disturbance of the circulation, and health consisted in the restoration of the circulation to its original condition, the *secret of remedy* would be found in the management of the *cause* of the circulation. The *blood* is not the *cause* of its circulation; for the self-same quantity of blood may be in the vessels when it does not circulate at all, as when it does most healthily, as daily instanced in concussions, epilepsy, and so forth. *The taking of blood does nothing but alter the quantity. Indirectly*, by taking away the fluid which contains the life, we diminish the *life itself*, and the *means of obtaining life*—the *respiration*. *Bleeding, therefore, diminishes the quantity of life*. Can a man have too much of life? It matters not that, from the days of Hippocrates down to now, bleeding has been adopted. It matters not, that it relieves the tension, and, of necessity, the pain of an inflamed part, it does not act upon the part diseased, producing any change in its condition. *How, therefore, can we designate it as a remedy?*”

But what at first said the American doctors to those landmarks for the treatment of all diseases—Periodicity, Temperature, and Type? What did they say to a system of medicine which shewed the inestimable value of a fluid, whose circulation Harvey discovered, but which only a few years back medical men poured out like so much ditch-water?—How did they take a system which

reduces mercury to a mere third-rate remedy, and which does away with purgation and all the torture and tribulation of blisters, setons, and other modes of *adding* irritation to irritation—mistakenly termed “*counter-irritation!*”\*

From the December Number of the *Boston Medical and Surgical Journal* for 1845, I copy the following:—

“To establish the point that the type of all diseases is Intermittent Fever, Dr. Dickson lays it down as a broad fact, that ‘all diseases’ commence with ‘aguish fits.’ Now every practitioner knows that very many diseases, even very extensive and severe inflammations, and sometimes general fevers, come on without any aguishness at all [?]. This attempt of Dr. Dickson to make out all diseases to come on with agues or chills, is intended to establish the periodicity of every movement of the body, both normal and abnormal. The discovery of the Periodicity of all morbid and healthy movements is that on which he mostly plumes himself, and tenaciously and exultingly claims as his own. He extends his theory of the periodicity of movement not only to all vital, but to all physical actions also, even to all stellar movements, and to earthquakes, tornadoes, and hurricanes.

“The doctrine of Unity of Action he extends through all Nature’s works, up to the Deity himself. But he does not claim periodicity for the Supreme Being.

“If by periodicity Dr. Dickson means simply Exacerbations and Remissions, without any reference to *regularity* of time [!], we shall not differ from him; for morbid and healthy movements vary every hour in the day, and every day of the disease, just as the winds blow high

\* “During a discussion between Dr. Draper and Dr. Watson, both of Boston (U.S.), Dr. Watson boasted, ‘That during four years and a half he had taken, from the inhabitants of Boston and its vicinity, one hundred barrels of blood, and had administered forty-nine pounds of mercury!’”—*Medical Times and Gazette*, October 8, 1853.



or blow low, or cease blowing [Periodicity being disturbed thereby !]; and once in a year or two, or oftener, or not so often, we have earthquakes, tornadoes, &c. Now we have no idea of calling the one or the other of these variations periodical. We have been taught otherwise, and we cannot boast of having yet unlearned it, as Dr. Dickson may have done. Walker, in his Dictionary, defines periodical 'circular, making a revolution, happening by revolution at *some stated* time, regular, performing some action at stated times'—and Brand, in his Encyclopædia, gives the same definition. According to these definitions, what becomes of Dr. Dickson's doctrine of Periodicity of all diseases, cancer, gout, stone, curved spine, and all the phlegmasiæ? Such theory is what we Yankees call a matter of moonshine—a pure creature of Dr. Dickson's heated imagination.

"According to the views of Dr. Dickson, Disease is a unit; so also he contends is the *modus operandi* of all medicines. In support of the doctrine of the unity of all diseases, Dr. Dickson quotes Hippocrates, who says, 'disease is a unit,' and that a 'humour' must be the cause of all complaints [with which latter view of Hippocrates Dr. Dickson does not agree!]. Dr. Rush maintained the unity of disease, and held that the essence or type of all was 'vascular excitement.' Broussais contended, that 'inflammation of the mucous membrane was at the bottom of nearly all diseases.' Hahnemann believed that the type of all diseases was the 'itch,' 'scrofula,' or 'lues venerea'—and now comes up Dr. Dickson, and tells us that Intermittent Fever is the veritable type of all diseases. Now who does not know that this doctrine of accelerated or diminished atomic movement, unity and universality of all diseases, and development of local affections as effects, is the very doctrine of Dr.

John Brown, taught forty years ago, embracing all the theory of Dr. Dickson except [EXCEPT!] his Periodicity, Temperature, and Type; and these will *ere long* be settled as sheer *humbuggery*!

"The measures he condemns are Blood-letting in all its forms, blisters, setons, and issues. For blood-letting he substitutes emetics and cold applications. These are his coolers. He recommends them both in Apoplexy and in all manner of inflammations, or at least he would have us believe so; but, after all he has said, he knows better [Complimentary!].

"We have devoted more time to Dr. Dickson's book than we originally intended. We can conscientiously say, that in the treatment of disease we find nothing new except [except!] the banishment of blood-letting, &c., and the more free use of emetics. It is a fact, that the lancet has been too freely used; but the error has been correcting some years, at least in this country, where Dr. Dickson's ideas were never heard of [The "*Fallacies of the Faculty*" was reprinted by Dr. Turner of New York, in 1843, two years before the date of this review]. His book contains *many hints* [not new, of course] calculated to *benefit* the *settled practitioner*, but in the hands of the junior members of the profession it would be very apt to do great injury" [Rather contradictory assertions].

Reader, exactly ten years have elapsed since the above review was published. I must, nevertheless, make a few observations on some points objected to by the writer. And first I may notice, that I know no stronger proof of the ignorance of the medical world on the periodical nature of disease, when first brought to notice, than this reviewer displays. He, for one, had evidently never before heard of the Periodicity of Disease! And not only that, but he makes some rather curious mistakes in his facts, whatever

we may think of his predictions. Dr. John Brown, for example, instead of teaching—as this American Critic assures us—the *Unity* and *Universality*, actually taught the *Duality*, or *Diversity of Disease*;—all disorders, according to Dr. Brown, being either disorders of “*Sthenia*”—strength, of “*Asthenia*”—weakness. In the first case, Dr. Brown recommended blood-letting and purgation—in the second, brandy and opium. There is not even a *resemblance* between the “Brunonian system” and my own! Then so far from “*Periodicity, Temperature, and Type*,” as Brother Jonathan prophesies, being *yet*, at least, “settled as sheer humbuggery,” what better evidence could he have of the truth of those *main features* of my discovery than the disgraceful plagiarisms these pages disclose—plagiarisms by such men as Holland, Laycock, Todd, Marshall Hall, Brodie, &c. These doctors at least do not agree with the writer of this Review, that *Periodicity* is “a mere creature of Dr. Dickson’s heated imagination.” But what must be the feelings of this writer himself now, that even on American soil, such is the high appreciation in which “Dr. Dickson’s quackery” is held, a College has been actually formed in Philadelphia for the purpose of teaching Medicine on Chrono-Thermal principles? And more than this, at the present hour, in the United States of America, upwards of four hundred practitioners, with those distinguished men, DR. TURNER and DR. EMERSON KENT at their head, openly adopt the writer of these pages for their medical guide! The great people of that great country have anticipated what, I hope, may be the verdict of posterity here. From the Far West I receive by almost every ship that leaves her shores, testimonials to the magnitude of my discovery—a discovery that, sooner or later, must take from medicine its

reproach of centuries. Thus fortified, I care little for the calumnies of the medical body in this country. What else could be expected from a set of persons who have turned one of the most ennobling pursuits to which man can apply himself into the lowest and vilest of callings?

The people of England, I am glad to see, are not quite so blind as they were a few years ago on this subject of medicine. Nor do medical corporations now stand so high with the public as they did when I came to London. The Colleges of Physicians and Surgeons, at least, have not quite the same unction with the laity as they had then. ROBERTSON was right when he said—“To abandon usurped power, to RENOUNCE *lucrative error*, are sacrifices which the virtue of *individuals* has on some occasions offered to Truth: but from any *society of men* no such effort can be expected. Reformation never proceeds from themselves, but is always forced upon them from some foreign hand.”—ROBERTSON’S *History of Scotland*.

Whoever shall examine for himself will have no difficulty in deciding how far Lord Byron was right when he in his day stigmatized Physic as “*The Destructive Art of Healing*.”

The following letter requires no comment from me:—

“Rhode Island, 13th Feb., 1853.—My dear Sir,—It affords me much pleasure to inform you that, at a meeting of the Board of Corporators and the Faculty of the Penn Medical College of Philadelphia, you were unanimously elected Professor (Emeritus) of the Principles and Practice of Medicine.

“In communicating to you the above, believe me, dear Sir, I only express the feelings of every member of the Faculty of the Penn Medical College of Philadelphia, when I assure you that your acceptance of the position to which you have been so unanimously elected, will be a

source of unalloyed pleasure to those whose teachings and practice are only the reflection of those great truths for which we and the world are indebted to the author of '*The Fallacies of the Faculty*.' You will receive, ere long, from the secretary, an official certificate of election, attested by the corporate seal of the College. Wishing you health and long life, and hoping soon to see you face to face, I am, my dear Doctor, most truly and most respectfully yours,

"J. EMERSON KENT,

*"Prof. of Mat. Med. and Gen. Therapeut. in the Penn Med. Col. of Philadelphia, and Chairman of Com. Correspondence."*

"Samuel Dickson, Esq., M.D."

As the PENN MEDICAL COLLEGE is empowered by the Legislature of the State of Pennsylvania to grant degrees in medicine, the English reader may possibly peruse with some interest the following extract from the first Announcement of an Institution which examines in physic on the principles and practice I have now placed before him.

"The Faculty of the Penn Medical College believe in the Unity of ALL Diseases as characterised by Intermittency and Periodicity;—a principle to be distinctly avowed and sustained as a fundamental principle in medical science; a principle first suggested by Hippocrates more than twenty-three centuries ago;—\* a living principle in harmony with the harmonies of nature and without the acknowledgment of which no system of medicine can possibly be of universal application. The teachings of the Professors of the New College, so far as the subject comes within the province of the

\* The only allusion to Periodicity that I can find in Hippocrates, is his doctrine of "critical days" in Fevers—days on which, when these diseases do not terminate fatally, a tendency to cure may be expected. In my own experience I have failed to discover any such. The tendency to cure differs with almost every individual case. It may, moreover, be hastened or retarded according to the treatment employed.

*proper chairs*, will fully develop, maintain, prove, and defend that harmonious system of medicine which embraces the *Unity and Integrity* of the living body, the Intermittency and Periodicity of its functions, and the intermittency, periodicity, and changes of temperature which mark the revolutions of universal nature. *Time* or *Period* (Chronós) and *Temperature* or *Heat* (Therma) are elements of every system in nature; yet these universal elements are nowhere found in any system of medicine hitherto taught in the Schools. Such a system nevertheless exists, and for its development we are indebted to that master mind—SAMUEL DICKSON, of London—a system which, in harmony with the universal harmony of all nature, acknowledges every power and principle in creation, and avails itself of all natural means in the treatment of disease; a system which boasts the fertility and not the paucity of its resources; which appeals from *authority* to *examination*; and, rejecting antiquated dogmas and conflicting theories, demands statistics; a system which employs little medicine, saves an immense amount of suffering, greatly shortens the duration of disease, and effects an unparalleled reduction in the number of deaths; a system from which the bleeding lancet, the leech, and every other form of blood-letting, is rejected, and rejected for reasons which are based upon indisputable truths. In proof of the safety and universality of the application of the Chrono-Thermal System, its supporters are ever ready to compare its results—its numerical cures with the curative results of all other systems—disease for disease, case for case, period of continuance with period of continuance, &c."

And now reader, for the present VALE!

S. DICKSON, M.D.

28, BOLTON STREET, PICCADILLY,  
January, 1856.



